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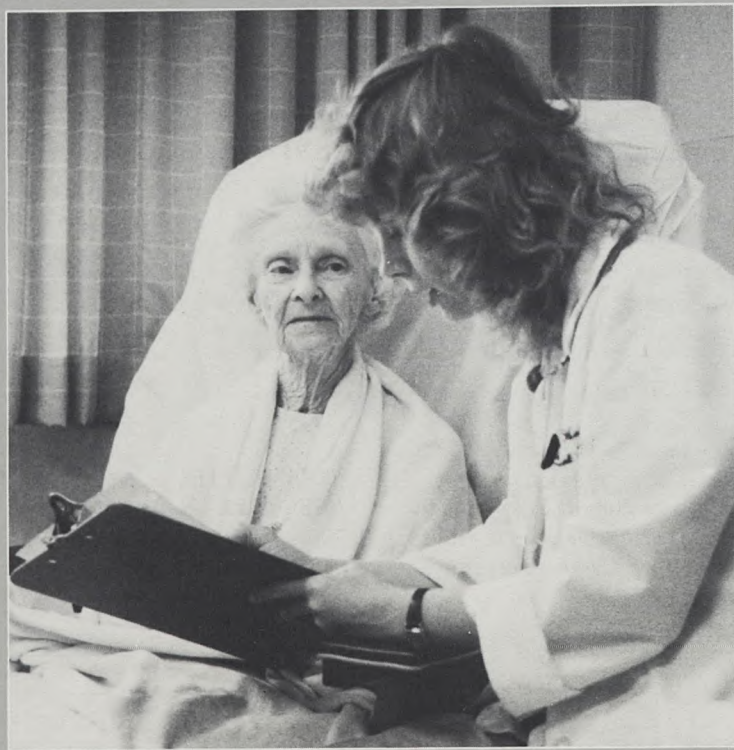
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O.R. NURSES

MARKETING STRATEGIES

STEINBERG LEGACY



JEWISH HOSPITAL 216

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INSIDE JOB: The World of the Operating Room Nurse

The world of the O.R. nurse is stark, but never dull. This feature profiles this world, its workers and working supervisors at Jewish Hospital.

SOUND STRATEGIES

Led by Richard R. Cavanagh, Jewish Hospital marketing director, a formal, unified marketing effort by the hospital is beginning. Extensive research and analysis programs are underway, providing the information necessary to formulate appropriate marketing strategies for a teaching/research hospital.

STEINBERG: a legacy of 10 progress

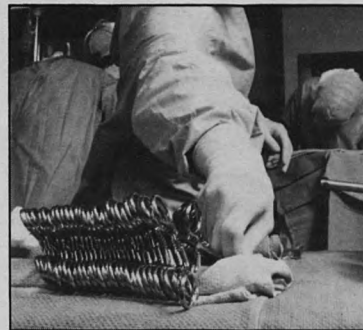
Franz U. Steinberg, M.D., who served 28 years as director of rehabilitation medicine, stepped down from his position in January. Under his guidance, the department gained recognition for its progressive treatment protocols for rehabilitation patients.

DEALING WITH AGING PARENTS

Carol Wilner, ACSW, Program on Aging, addressed the hospital's Auxiliary on one of the most pertinent issues of our times: how to care for our parents and meet our own needs as well. Ms. Wilner discussed this problem and how it impacts heavily on women at the December 4 seminar.

FACING THE INEVITABLE

Everyone, sooner or later, will know chronic illness, either as the patient or the patient's relative. At the January 15 Associates in Medicine (AIM) program, a panel of Jewish Hospital experts from various disciplines shared their insights.

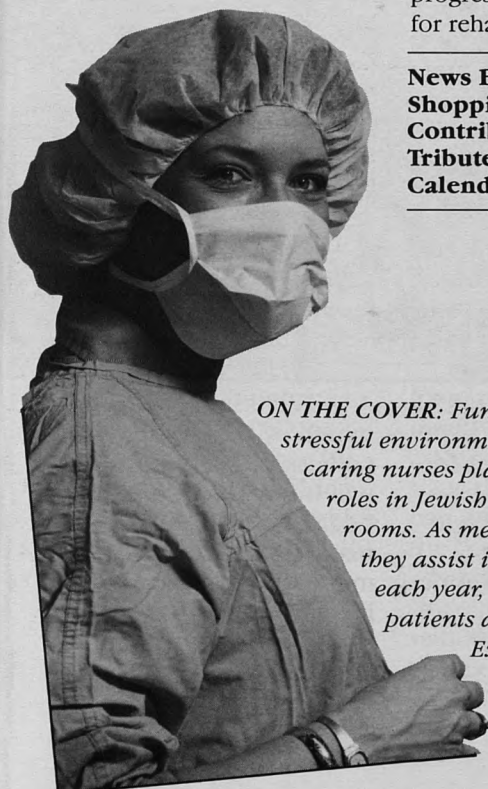


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ON THE COVER: Functioning in a stressful environment, skilled and caring nurses play major supporting roles in Jewish Hospital's 16 operating rooms. As members of surgical teams, they assist in nearly 11,000 procedures each year, serving as advocates for patients as well as the needs of surgeons. Explore the world of the operating room nurse, beginning on page 2.

Cover photo by Bob Morrison

INSIDE The World of the O.R. Nurse

by Mary Silva

It is late afternoon as Linda Daly, R.N., makes her way through the maze of third floor operating rooms, now strangely quiet after the frenetic pace of the day's earlier activities. There is an ethereal, other-worldly quality to this place set apart by design and necessity: colors of dull steel and watercolor, washed pale by overhead lights; the strange mechanical whirring of life-giving machines; voices muffled as they filter through facecovers. The only reminder of a world beyond these walls are clocks, repeated on wall after cream-white wall—big, efficient, black and white clocks with sweeping hands, no-nonsense keepers of seconds in a place where every second counts.

The paper mask that covers Ms. Daly's face moves in and out as she speaks. Minutes ago, just outside the doors several yards away, she left behind any outward signs of who she is. Now, as she stands covered head to toe in surgical scrubs, only her eyes give a clue to the person inside. They tell a lot. "I've been an O.R. nurse for eight years," she says, her eyes searching a moment as

if trying to recall the decision, "and I love it. You have to work at full tilt, but there's a real sense of accomplishment to it."

Daly came to operating room nursing after spending four-and-a-half years as a staff nurse caring for patients "on the floor." She worked on the surgical floor of the hospital, where surgery patients stay before and after their operations. Daly believes the experience gave her an important edge in the operating room. "I have a better idea of the patient as a whole person since caring for people before and after surgery," she says. "It's made me more aware of the whole healing process."

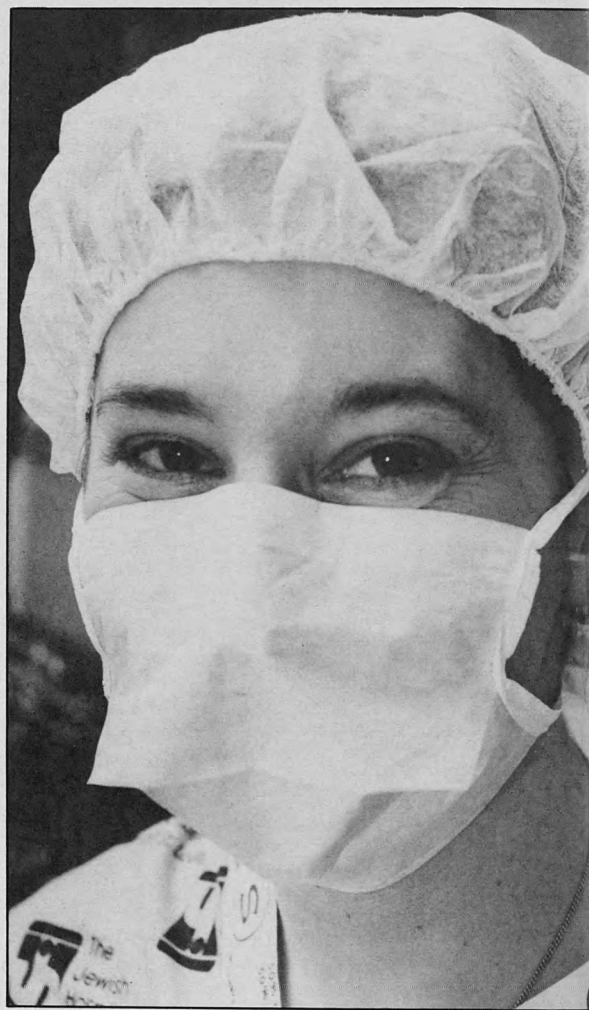
Rose Mueller, R.N., joins Daly in a now-vacant operating room. Ms. Mueller came to O.R. nursing six years ago, after working in both medical and surgical intensive care units. She saw the O.R. as the logical next step. "I saw patients before surgery and after," she recalls, "so it seemed only reasonable to see what happened during surgery."

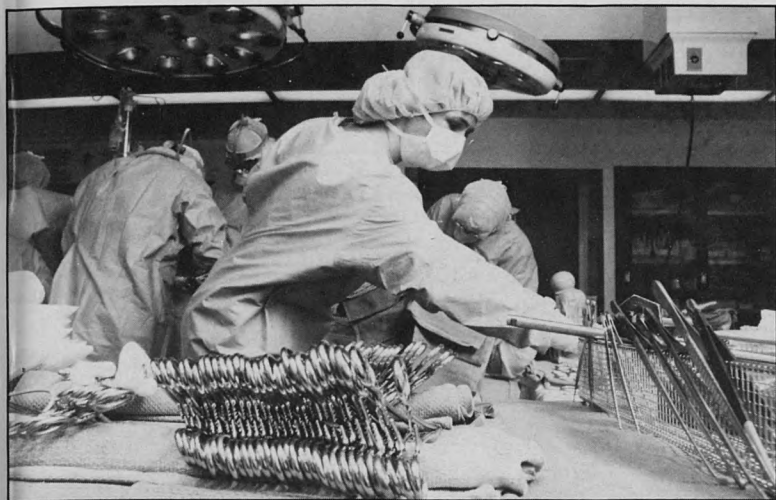
The room where Mueller and Daly talk is being readied for the next day. Drapes that will cover tomorrow's patient and supplies for the surgery are carefully laid out on the operating table. Daly opens a glass cabinet where row after row of surgical sutures are kept. Her eyes twinkle. "It

Linda Daly, R.N.: only her eyes give a clue to the person inside.

seems hard to believe, but every one of these has a special use. Some are better for certain incisions or procedures. Some just happen to be a doctor's particular preference. We have to anticipate what will be used."

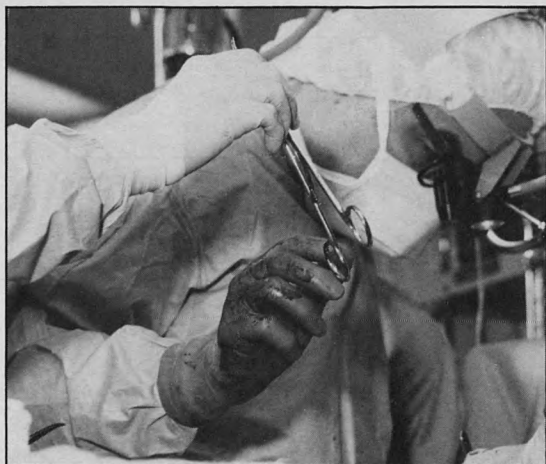
The task of deciding which of what looks to be an endless variety of sutures will be used seems mind-boggling, but it is one of the many tasks that an O.R. nurse must do well. What seem like a perfectionist's obsession with details and an uncanny ability to read minds





“It consumes me when I’m working, and there aren’t many experiences you can say that about.”

Rose Mueller, R.N.



are actually finely-developed intuitive skills and thorough familiarity with nearly every surgical procedure. Since O.R. nurses can be called upon to assist with many different procedures, they cannot afford the luxury of specialization.

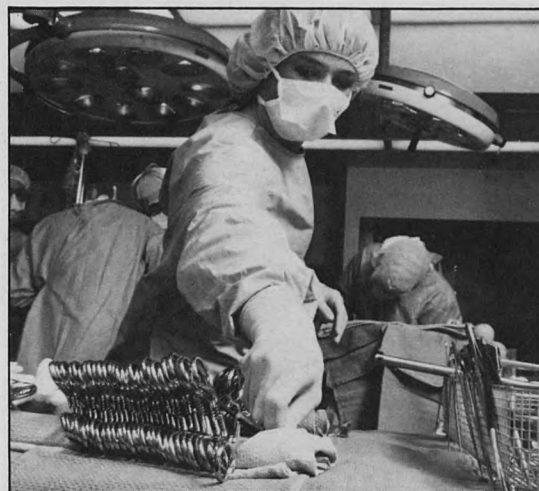
“Learning anatomy is easy,” explains Mueller. “The difficult part is learning the exceptions. One doctor does something one way, another a different way. There’s a joke in the O.R., ‘Don’t give me what I ask for, give me what I need.’ And you have it there before they need it.”

Daly adds, “You have to be able to make decisions quickly. When there are 15 things that have to be done now, you have to decide which ones you’re going to do with your left hand and which

with your right. It comes down to that sometimes.”

In an adjoining room, a blue-robed team works intently around an operating table. Their attention is focused on a yellow object protruding from beneath layers of green cloth. Daly explains that the object is a knee, stained an odd yellow-orange by the sterilizing solution. It seems far removed from what a knee is supposed to look like, and from what it is supposed to do, like a work taken out of context, out of place and unprotected.

Daly studies the surgery for a moment, then comments quietly, “A patient who is asleep under general anesthesia is the most vulnerable patient there is. The nurse in the O.R. has to be the patient’s advocate, to stand up for him since he can’t speak for himself. We have to watch for things like a break in tech-



“In the O.R. you have to decide which things you’re going to do with your left hand and which with your right.”

Linda Daly, R.N.

nique, so there’s no chance for infection. Positioning the patient is very important, so he or she is comfortable and won’t be hurt during the operation. And we have to protect each patient’s privacy and dignity.”

This thoughtful concern for the patient extends beyond the walls of the operating room. Whenever possible, O.R. nurses visit patients before their surgeries to talk with them and their families, answering questions and offering reassurance about procedures. They take careful note of any physical conditions that may require an extra measure of care during surgery, such as special positioning for an arthritic patient or one with a breathing difficulty. “But sometimes the most important thing a pre-op visit provides is a familiar face on the day of surgery,” says Daly. “When patients come to the operating room, we try to be there to say, ‘Hi, remember me? I saw you last evening.’ Usually that’s when you see smiles, and that’s when you know it was good to visit the night before.”

Barbara Diomedes, R.N., recently joined the Jewish Hospital staff as assistant director of O.R. services. She has worked in operating room nursing since 1969, first working directly with patients in surgery, then becoming a manager of other O.R. nurses. She has observed another benefit in getting to know the patient. “If you take the time to meet the patient beforehand and develop an appreciation of what it is that makes him unique, your work is much more rewarding. You get to see what it has accomplished,” she explains.

One of the reasons Ms. Diomedes was drawn to management in the operating room was the challenge of getting people to work together well, under highly-stressful conditions. In her position as assistant director, she oversees the work of 65 operating room, post-anesthesia care unit and outpatient surgery staff members. “I enjoy the relationships with people: developing staff, imparting knowledge, looking at the total concept. The O.R. organization is a finely-tuned system where many things have to come together at once. There’s a great challenge in making that happen.”

INSIDE JOB:



Rose Mueller, R.N. (left) and Linda Daly, R.N., gather surgical equipment for tomorrow's cases.

In O.R. nursing, perhaps as in no other area of the profession, a nurse must be a team player. The physical constraints under which the surgical team must work, and the need to work cooperatively against the constant pressure of time, have all the makings of a highly-stressful situation. Nurse Mueller notes that, just as the trappings of everyday life must be left outside the surgical suite, so too must the emotions and reactions that make for turbulent relationships. "The operating room is not a good place for flashy personalities," she says, her clear eyes showing a grin from behind the mask. "If things get tense, and they sometimes do, you have to see beyond yourself for the sake of the patient. You're here to per-

form a task, to be as helpful a part of the surgical team as possible, and to see that things run smoothly."

And to keep in balance when they don't. Mueller comments, "It's the nature of the work that we come in and do our best. We have to accept our limits—ours and the surgeons'. We're not gods, and we're only expected to do our best. We do everything we can, and have to feel good about that."

Despite the stresses, Mueller and Daly agree that they can't imagine working anywhere but the O.R. Mueller sums it up, "Sure there's pressure, but that's what I thrive on. When I'm working at 100 percent of my ability, I feel good. It consumes me when I'm working, and there aren't many experiences you can say that about." ■



MAKING OPERATIONS RUN SMOOTHLY

Brigitte Helzer, R.N., director of operating room services.

Brigitte Helzer's quiet, unassuming manner belies her remarkable talent and enormous capacity for juggling roles. She is at once registered nurse, business administrator, equipment expert, people manager and diplomat.

As director of operating room services since 1977, Ms. Helzer has been responsible for every facet of the O.R., recovery room and outpatient surgery services. Her duties range from managing the people who work there to making sure the supplies are in stock and facilities are running smoothly. That's no small accomplishment: almost every day all 16 operating rooms are in use at the same time, with nearly 11,000 surgical procedures performed a year.

As a nurse who formerly worked in the O.R., Helzer combines a real, practical knowledge of what goes on there with enough business acumen to run a corporation. She oversees a staff of 110,

manages a multimillion dollar budget and supervises the operation of services from housekeeping to computer systems. She says the very thing she likes most about her job is what makes it the most trying. "I like the diversity of tasks and the pressures, being involved in everything. But those are also the things that are most frustrating, because there are so many demands and only so much time."

One demand facing her now is keeping pace with a constantly changing health care market. "We have to keep up with what's out there, with what other hospitals are doing," she says. "Everybody's worried about cost containment, and we're no exception. But we're also looking closely at what we can do to improve our services in light of cost restrictions, so that our doctors have the best resources available, and our patients get the best possible care."

Jewish Hospital determines its own best path through today's consumer-viewed "Times Square-ish" medical care environment:

SOUND STRATEGIES

by Jerry H. Sears

The creation of government-subsidized or regulated health care programs in 1965 was the first step in a two-decade progression of events that has brought health care into the marketing arena. Further refinement in government programs, aided by parallel changes in private insurance payment programs, has created a climate that has encouraged competition among hospitals for cost-effective care. Also emerging during this era has been the institution of governmentally-set guidelines for fees charged for specific services and treatments. Competition for and regulation of these fees has provided the impetus for the development of alternative delivery systems of health care, making it possible for the public to rely on other sources than the traditional private physician and hospital settings for its medical needs.

The National Health Planning and Resource Development Act (1974) included a provision mandating the creation of Health Maintenance Organizations (HMOs). These are basically cooperative efforts between a subscriber group—such as a corporation—and a specific list of physicians. In such partnerships, policies for federally-qualified HMOs are determined by a board com-

prised of elected subscribers and representatives of the medical staff. Operationally, each HMO is affiliated with certain hospitals and employers. Under this affiliation the hospitals are assured of receiving admissions and referrals for specific services from the HMOs.

Many employers now offer HMO as well as tradi-



*Richard R. Cavanagh,
marketing director*

tional health insurance plans to their employees. Often, this option is less costly to both the employee and the employer. The employee who chooses this program must seek medical care from the HMO physicians to receive the benefits, which also include little or no insurance claim paperwork and no additional cost for routine and preventive care. Jewish

Hospital is affiliated with Health Care Network, a subsidiary of which is the Medical Care Group of St. Louis.

With their growth in popularity, HMOs drew more patients away from the traditional private physician/patient relationship. Both private physicians and insurance companies which acted as third-party guarantors of payments for medical treatment, realized that they, too, had to consider alternative health care delivery systems.

This realization resulted in the formation of Preferred Provider Organizations (PPOs) in the early 1980s. Through these organizations, insurance companies join with hospitals and physicians to provide services for pre-determined fees to policy holders. In order to receive benefits, program subscribers select medical care from a menu of physicians and hospitals. Further, the hospitals and physicians must provide their services at pre-determined, fixed rates. Jewish Hospital participates in General American Life Insurance Company's Passport program and the Blue Cross Alliance program.

In addition to these alternative providers, the implementation of the DRG (diagnostic related groups) payment schedules further complicated the financial picture. Through DRGs, set amounts for specific diagnostic groups of Medicare patients are reimbursed to hospitals.



More than "selling" services to the consuming public, marketing builds on definitive research and planning to assure a strong-hold in the health care marketplace. To understand why marketing has become an important component of the support-service structure of the health care industry today, it is important to trace the development of significant changes in the marketplace.

These changes encourage cost-effective care and penalize hospitals with high costs and lengthy patient stays. Failure to comply with the guideline-specified lengths of stay can result in severe financial sanctions for a hospital.

The ramifications of the development of HMOs, PPOs and DRGs were felt across a wide spectrum of both direct and indirect providers of health services. Hospitals, physicians, insurance carriers, employers who purchase insurance programs for their employees, hospital suppliers, patients and governmental agencies were faced with radical changes in the provision as well as the cost of health care.

The changes in public policy that encouraged competition created an environment in which cost became an increasingly important factor in determining where patients would go or be directed for services. Competition for patients and the services they require went the way of Madison Avenue. For the first time, health care advertisements slanted toward consumers appeared. Local, regional and national publications and media outlets carried the message that consumers could "get the best for less." While alternative provider groups were the first to advertise, established institutions soon followed suit, (either through the services of an outside agency or by developing departments within their organizations to address the broader process of marketing).

Jewish Hospital Goes To Market

Jewish Hospital elected to benefit from the best of both options. Last spring the

STRATEGIES

hospital created an in-house marketing department to initiate research and develop marketing plans based on its results. In addition, special projects, beyond the scope of routine in-house efforts, are assigned to an outside agency.

Directing the hospital's marketing department is Richard R. Cavanagh. Mr. Cavanagh is assisted by Angela Ferris Chambers, marketing research coordinator. Each brings to these positions experience in creating marketing programs for health care institutions, and recognizes the complexity of initiating sound strategies.

"The process of marketing incorporates planning, public relations and sales into a rational framework," explains Ms. Chambers.



"Through research, analysis and strategic planning based on the results, a more uniform way of assessing the needs of the consumer is achieved. However, planning expansion in medical services requires the blending of both the professional judgment of experts with the statistical data and narrative information gathered in research."

Cavanagh notes that



Angela Ferris Chambers, marketing research director

health care providers, responding to the concerns of its many consumers, are looking inward by asking three basic questions: What are we doing? What do we need to do in the future? How do we get into the position to do what we need to do? These questions constitute the first step in strategic planning for marketing an institution and its services.

Self-examination is the initial tenet of this process. Chambers is in the midst of a department-by-department review, gathering information on the current status of each to assess the hospital's place in the current environment. She is collecting utilization statistics, patient demographics, and fiscal information to compile a record of each department's participation in the hospital's overall goals. With this information, Chambers and Cavanagh will reach an objective assessment of each department, which will be used by hospital management and the Board of Directors to determine areas of potential

expansion and pinpoint what services merit particular promotion.

Beyond its walls, the Jewish Hospital marketing team is engaged in research to uncover consumer attitudes about the hospital and to learn how potential patients decide upon physicians and hospitals. This information will be used in determining the marketing strategy to be followed and will emphasize the perceived strengths of Jewish Hospital by the community. In addition, it will form the basis for determining the best approaches to be taken to create a positive image of the hospital among those who have no knowledge about our services and to overcome incorrect perceptions.

A consumer survey, already completed, utilized focus groups (small groups of people chosen to be representative of the community at large) to assess their perceptions of medical services. Participants in focus groups are encouraged to discuss their attitudes in this case, about hospitals and medical care. The responses of the focus groups were the basis

for the questions asked in a telephone survey, commissioned by a consortium of local hospitals, of consumers in targeted geographic locations. This survey determined health care usage patterns, perceptions of area hospitals and how those interviewed made decisions about health care providers.

Collecting the necessary information is not an easy task. "Health care has hundreds of consumers," notes Chambers. "Patients, their families, physicians, benefit purchasers, insurance companies, municipalities and governments all need to be considered."

Cavanaugh reports that the surveys were initiated in response to several factors, chief among them the number of available medical services and the rise in the

and types of available services brings with it myriad problems for the medical community. Hospitals need to keep a certain number of beds in use to remain financially viable; while HMOs and PPOs influence this effort, private physicians are still the major source of hospital admissions.

It was a combination of

70-75 percent of the time, hospital selections are made by physicians for their patients," says Cavanaugh. How Jewish Hospital physicians measure-up against that statistic is the subject of an upcoming study by the marketing department.

"Until a survey and analysis of our physicians is complete, the particular char-

PPOs, was the root of their concerns.

An income-generating medical practice serves a far wider end than the provision of a livelihood for a physician. Cavanaugh and Chambers cite, as an example, an economic-based problem with far-



Through the study of research findings a profile of Jewish Hospital service consumers is being defined and their patterns of utilization determined, revealing a more refined picture of the hospital and its position in the marketplace.

the growth of alternative health care providers and the recognition of the value of the private physicians to the hospital that directed the fledgling marketing department to direct its efforts to the medical staff. "Current national research has determined that the 'ultimate consumer,' in the case of health care, encompasses all members of the medical profession. This research reveals that

acteristics and concerns of our staff are unknown," cautions Chambers. "We do, however, have a strong indication of the problems faced by physicians, nationally. Many of these perceived concerns are economic and relate directly to the encouragement of alternative health care providers by public policy." An informal survey of the medical staff, performed by the medical specialty marketing firm of Seltzer Daley Companies, revealed that economic concerns brought about by the changing health care environment were foremost in our physicians' minds. The reduction of patient-generated income, fostered in part by hospital agreements with HMOs and

Collecting information on health care utilization patterns is not simple.

There are hundreds of consumers.

Patients, their families, physicians,

benefit purchasers, insurance companies, municipalities and governments all need to be considered.

reaching implications for the future of medical practice faced by the profession: helping a young physician develop a practice.

Bringing a recent medical school graduate into a private practice as a junior member is a tradition in some specialties. It encour-



number of care providers. "Some of these alternatives are radically different from those with which our parents, and we as children, were familiar," he notes. "In addition, these options have grown in sheer numbers."

Why Market To Physicians?

The phenomenon of rapid growth in the number

ages the sharing of the physician's expertise with a young physician who has yet to develop a practice of his or her own. Under this arrangement, a salary and benefit package for the junior member is determined and usually paid by the practice, office space



is provided and a patient case-load assigned. "In the field of obstetrics, the current projected annual cost for a salary and benefit package, which includes practice insurance, is in the neighborhood of \$100,000," notes Cavanagh. As alternative service providers draw increasing numbers of patients away from private practices, the hypothetical physician's patient list and the income of the practice are reduced. In many cases, private physicians can no longer afford to help junior members. "The problem of established physicians not being in a financial position to assist younger physicians is compounded by the development of alternative service-providing entities," says Chambers.

As the profile of Jewish Hospital service consumers is defined, and their patterns of utilization determined, a more refined picture of the future

STRATEGIES

of the hospital will emerge. When this is accomplished, Cavanagh and Chambers will begin to plan marketing strategies to attract both those already familiar with the hospital, as well as those whom research indicates will be receptive to our services. "We have elected a conservative approach which will continue until our data indicates otherwise," says Cavanagh. "I don't expect to be placing generic hospital advertisements. Our preliminary research indicates that that is not truly effective for teaching, research-oriented institutions."

PR_x Reinforcing organizational strengths is an effective strategy for Jewish Hospital. As part of this effort a new and exciting benefit was recently made available to private physicians who refer patients to the hospital. According to David W. Nations, Jewish



Hospital vice president and medical staff liaison, "This benefit, the Jewish Hospital Physician Resource Exchange (PR_x), is helping them maintain high standards and economic viability in a time when increasing numbers of patients are turning to less traditional sources of medi-

cal service."

PR_x represents a partnership between physicians who admit patients to the hospital and the hospital,

sonal benefits, educational programs for physicians and their office staffs, media coverage, a physician referral service, and a variety of other

*"PR_x is a two-way process
in which the physicians
and the hospital
maintain a vigorous relationship."*

itself. "Exchange" is an important element in the carefully-developed name for the service. "It highlights the notion of PR_x as a two-way process in which the physicians and the hospital maintain a vigorous relationship, necessary to deal with challenges common to both in today's changing medical service industry," says Mr. Nations.

The logo developed for the Exchange contains PR, the abbreviation for public relations. "This is the core component of the PR_x package and an essential activity for any health care provider today," adds Mr. Nations. The "x" suggests "extra", the step beyond ordinary relations, the added advantages presented by this program. In addition, the "R_x" summarizes the program as a prescription for survival in the current environment.

The first hospital-generated program under the PR_x logo unites marketing, communication and problem solving services currently available in various hospital departments—a collection of resources, both human and material—and offers them to the private staff. The program includes joint venture and marketing opportunities, per-

support services. Additional services will be added to the PR_x package as requests from physicians warrant.

Frequently, Jewish Hospital marketing begins "at home," with in-house efforts to develop employee awareness, before extending into the public. Implementation of a more in-depth employee orientation or customer/guest relations program will serve to more deeply involve employees in the organization. Employees at all levels at Jewish Hospital are becoming more aware of the increased competition among health care providers and of their roles in helping the institution fare well in this climate. Physicians—both full-time and attending staff—are very much a part of this activity. "The hospital has a loyal medical staff," notes Cavanagh. "It already serves a good segment of the general population. Planning our strategies for improvement and expansion of service will be a challenge. We have begun, and will continue to do certain things that are appropriate for us, as a teaching and research hospital, that will ensure that we maintain a strong and vital position in the St. Louis community. ■

DEALING WITH AGING PARENTS

Consider the old adage: "A son is a son until he takes a wife. A daughter is a daughter for the rest of her life." A proverbial saying, but nonetheless, it still describes what is expected of women in their relationships with aging parents. "Women have always been designated caregivers for aging parents," said Carol Wilner, ACSW, program on the aging. "But today, that role has become even more complicated by all the pressures that are part of being a middle-aged woman in the 1980's."

Ms. Wilner discussed how women can cope with these changes at the December 4, Auxiliary seminar, "Dealing With Aging Parents." The event was held at the home of Shirley Cohen (Mrs. Stanley) and co-chaired by Charlene Baizer (Mrs. Richard) and Terry Bernstein (Mrs. Richard).

"I am the prototype of what many people, especially women, are facing today," she said. "I am 'spread thin.' I'm a working woman with three teenage children, my brother lives in Switzerland and I have a 78-year-old mother who lives in Florida. When my mother was recently admitted to a hospital, I found myself in the very same situation for which I counsel people, feeling conflicted in many directions."

According to Wilner, "adult children," particularly women, of aging parents, are under multiple stresses. Many are trying to fill several roles. They may be trying to establish their own careers, facing financial problems, and also struggling with their own concerns about aging.

Wilner encouraged the women in the audience to examine their roles as care-

givers. "We know from studies that women are conditioned to feel the greatest responsibility for parents," she said.

*Carol Wilner, ACSW,
Program on Aging,
suggests that
adult children
should constantly
reevaluate their
relationships with
their aging parents.
During this process,
they should
always consider
their own needs.*

"Men experience less guilt about their parents. They don't have the same need to make everything right, to make everything okay for their parents."

*Carol Wilner, ACSW,
program on aging.*

Adults can enjoy their relationships with their parents if they can define their roles as *care-givers*, not *caretakers*, of their parents. They should never assume the role of their parents' parents. "Role reversal (children becoming parents of their own parents) is a myth," she said. "Parents are never your children. They are mature adults who have lived full and complex lives and should be treated as such."

"It is a two-way relationship in which the parent and the adult child give and receive," she added.

"Adult children" should constantly reevaluate their relationships with their aging parents, Wilner advised. But during this process, they should always consider their own needs. "You cannot be effective if you're not meeting your own needs," she said. "If you feel depleted, you have nothing to give. When you can't give, you feel empty, guilty, sick, angry and helpless."

The focus on aging-related social problems, said Wilner, is expected to become more critical and will impact on society to an even greater degree, largely because of the increasing life expectancy of the elderly. In 1840, the average life expectancy was 40. In 1960, that figure had risen to 66 and by 1985, it had jumped to 75. "Presently, the 85 and older generation is the fastest-growing population," said Wilner. "In fact, we will soon have a gerontocracy in this country. This phenomenon will have a very different impact on society than the recent youth-oriented one." ■

Wilner conducts a support group for adults with aging parents. If you are interested in participating, please call 454-8150.

For further information about the Jewish Hospital Auxiliary, contact the Auxiliary office at 454-7130.



STEINBERG:

a legacy of progress

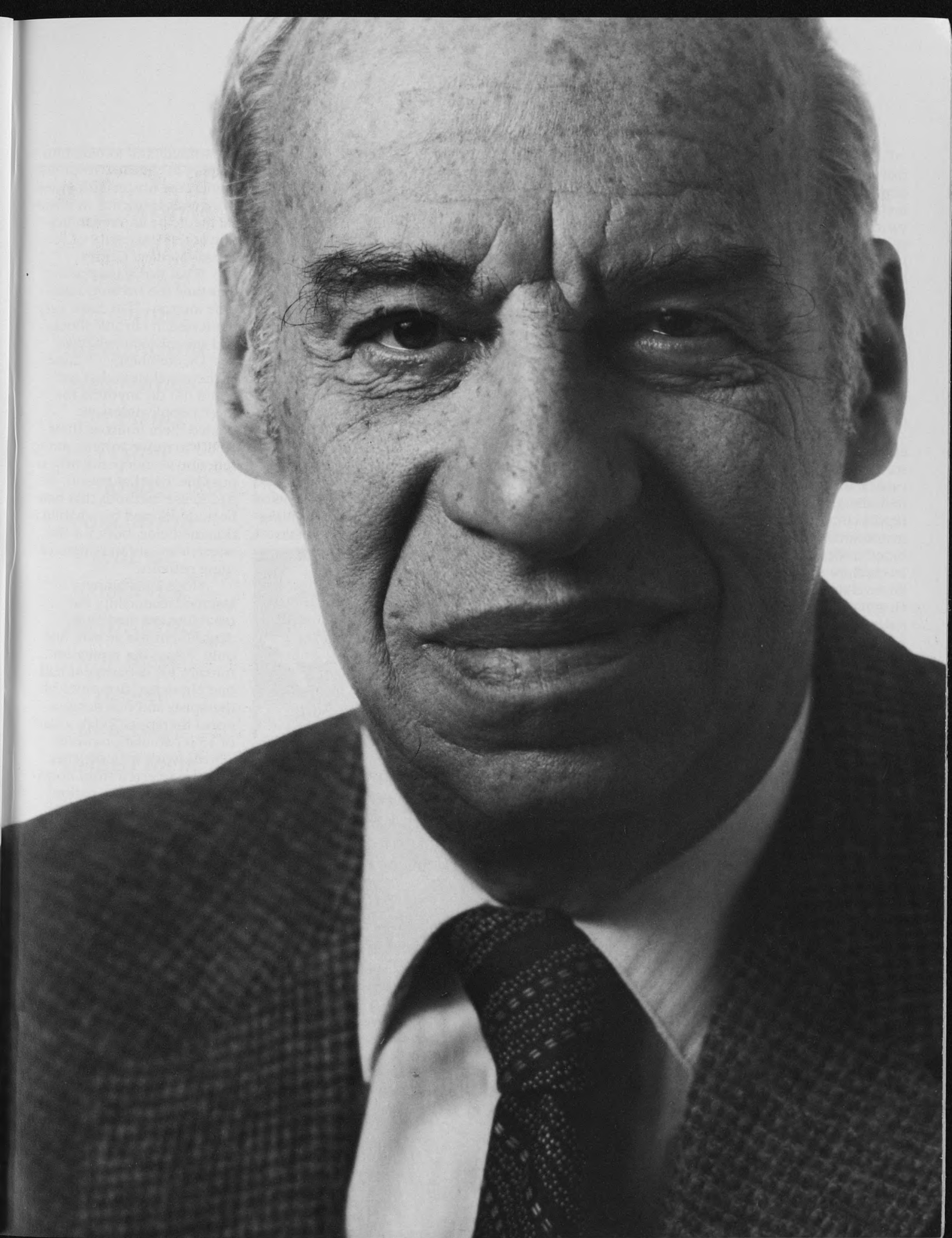
by Sharon E. Zaring

Franz U. Steinberg. It's hard to imagine the rehabilitation department without him at the helm. He has certainly left his mark. After 28 years as director, there are few physicians who have not heard of him and his influence on patient care has been felt in almost every sector of the hospital. He was one of the first physicians to successfully fill the role of director and he has virtually molded rehabilitation medicine into what it is today.

On January 1, 1986, Dr. Steinberg, also professor of clinical medicine, Washington University School of Medicine, stepped down from his position as director of rehabilitation medicine.

Undoubtedly, he is leaving something of a legacy. But, suprisingly, when asked to describe his most outstanding achievement, he is at a loss to point to any particular accomplishment or milestone. "When working in a department like this we do not stumble over great things everyday," he says. "Progress is slow. It's only when looking back that I suddenly realize how we have grown."

He's right. To fully appreciate what has taken place in rehabilitation medicine under Dr. Steinberg's leadership, it is necessary to look back at the state of healthcare when he first worked for the hospital. Then the degree of his influence begins to come into perspective.



He was hired in 1953. At that time, there was no department of rehabilitation medicine in the hospital. The various disciplines that now comprise what we know as Jewish Hospital's rehabilitation medicine department were the Jewish Sanatorium on Fee Fee Road and the Miriam Rehabilitation Hospital in Webster Groves—separate institutions operated under the Jewish Federation. The home care division was just the germ of an idea.

By 1953 the Jewish Federation had completed a study of all the Jewish health-care facilities in St. Louis, including Jewish Hospital. Its report concluded that these institutions should be combined under Jewish Hospital leadership. Although it would be several years before Jewish Hospital would finish construction of a new wing to house the entities, a corporate merger was made and administration of the facilities by Jewish Hospital professionals got underway.

Then executive director David Littauer, M.D., tapped two people to direct the sanatorium: Dr. Steinberg as part-time medical director and David A. Gee (now Jewish Hospital president), who had just finished his administrative residency, as part-time administrator.

The sanatorium, which had originally been established as a TB center, had evolved, by the time of Mr. Gee's and Dr. Steinberg's appointments, into what was then described as a chronic disease institution. But the 81-bed institution had actually become a terminal facility. The sanatorium's average length of stay was 900 days, with a waiting list that averaged 15 patients, many of

STEINBERG

whom died during the long wait for admission.

When Dr. Steinberg arrived, he reviewed the patient population and thought that, with better medical care, a number of these patients could be discharged. "It became obvious to me that we had to use some type of rehabilitation care to improve the patient's conditions," Dr. Steinberg recalls.

At the time, Dr. Steinberg gained exposure to rehabilitation by working with the Miriam Rehabilitation Hospital. Consequently, part-time physical and occupational therapists were hired, and with simple therapies and good overall medical care,

the direction of I. J. Flance, M.D., and Dr. Steinberg, worked collaboratively with him in treating patients at home with the support of home health care services.

Within two to three years Dr. Steinberg had reduced the sanatorium's average length of stay to one third and the waiting list had dwindled to almost nothing. "It was an impressive event," says Gee. "It showed that we could take patients, who in effect had been put into a warehouse to end their days, and get them functioning and reasonably able to take care of themselves."

By 1956, construction of the hospital's Steinberg wing (named after Mark C. Stein-

department and to help him prepare for his new responsibilities, the hospital provided a one-year residency in physical medicine and rehabilitation at the University of Kansas Medical Center.

What had started as a part-time job became a life-time interest. "I became very interested in chronic illness and age-related problems," says Dr. Steinberg. "I came to the conclusion that we could not do anything for these people unless we helped them improve their ability to move around and to function as independently as possible. For that reason, we had to use methods that had been developed by rehabilitation medicine, both for the assessment and treatment of these patients."

Since Dr. Steinberg assumed leadership, the rehabilitation medicine department has grown, not only in size, but reputation. Initially, his department had one physician, five physical therapists and one occupational therapist. Today, a staff of 43 rehabilitation professionals work with patients who are referred from hospitals throughout the nation.

One of Dr. Steinberg's greatest sources of satisfaction has been the acceptance of the rehabilitation program by the medical staff. From the department's inception, Dr. Steinberg has encouraged private physicians to continue caring for their patients during rehabilitation, a radical approach in the 1950s. Then, few physicians had started to realize the benefits that rehabilitation therapies could make in a patient's recovery. Patients were usually referred by a state agency or insurance company, rarely a private physician. "Even at



Dr. Steinberg, in 1958, at the formal dedication of the department of rehabilitation medicine

some of the sanatorium patients began to improve. Simultaneously, Jewish Hospital was developing its home care program, under

berg, a hospital benefactor) had been completed and the corporate merger became a reality. The rehabilitation hospital and the sanatorium were moved to the hospital complex, both under rehabilitation medicine. Six months later, Dr. Steinberg was selected to head the

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From the department's inception, physical therapy has played a key role in the rehabilitation of patients.

this date there are rehabilitation departments that expect patients to be treated exclusively by their own staffs, excluding the private referring physician,” says Dr. Steinberg. “Our approach was very much criticized by other physicians in the rehabilitation medicine field.”

Dr. Steinberg thinks that his method has been better for both patients and physicians. “It makes for better medical care when the patient is under the supervision of his own physician who has taken care of him before admission and who will care for him again after discharge,” he explains. “It has been an educational tool for the individual physician to learn and appreciate what rehabilitation medicine can do.”

Education and training were also at the top of Dr. Steinberg's priorities. Dr. Steinberg succeeded in setting up a residency training program in physical medicine

and rehabilitation—the first and still the only program in St. Louis. “Having gone through the traumatic experience of having to go away for a year and leave my family, I felt that this community, with two medical schools and a population of two million, should have at least one training program,” says Dr. Steinberg. “I am very happy and proud that we were able to swing the program and maintain it.”

A pioneering spirit may well be in Dr. Steinberg's genes. He was born in Breslau, Germany in 1913, and his father was an internist who specialized in tuberculosis, then a major public health problem. His mother had earned a Ph.D. in art history and worked as the art critic for a Breslau newspaper. “Women were not particularly appreciated as students at universities then,” recalls Dr. Steinberg, “but she was a very determined lady. She kept at it.”

Dr. Steinberg's early education was completed in Europe. He received his undergraduate degree from the University of Berne Medi-

cal School in Switzerland. In 1938, he received a two-year fellowship in biochemistry at Jewish Hospital. After completing the fellowship, he finished a rotating internship at Jewish Hospital, then did his residency training at Robert Koch Hospital and St. Louis City Hospital.

From his earliest contact with the hospital, Dr. Steinberg has maintained a friendly and esteemed relationship with his associates. “He's been a tremendously constructive individual in the life of the institution,” says Gee. “He's been in a unique position because he tends to bridge the gap between the voluntary medical staff and full-time academic staff. He's accepted in both camps as neither fish nor fowl. Nor is he identified too closely with either one, so he becomes the person to whom people can go to settle some of their differences. He definitely has been a positive and ameliorating influence on the passions that flow on the medical staff.”

Dr. Steinberg says he is looking forward to his change in status. Now that he can shed some of his administrative duties he hopes to have more time to “do the things I do, but more thoroughly.” His association with the hospital will continue. He will stay in charge of the residency training program. He will have an office on division 2200, where he will see patients and do research. He couldn't be happier. “To me satisfaction is taking care of patients. Everything else is really secondary,” he says. “And I am very happy that I will have the opportunity to continue doing it for a while longer.” ■

Joint Venture

November 20

"I would like to bring you to the new frontier in surgical replacement of joints," said Jerome J. Gilden, M.D., director of the division of orthopedic surgery as he introduced his topic, "The New You—Total Joint Replacement," at the November 20 AIM lecture. "We are on the cutting edge of this field—if you'll forgive the pun—at Jewish Hospital. We are using the very latest techniques in this rapidly-evolving segment of medicine," he explained. "The advances that have taken place in orthopedic surgery just during the last few years have created a complete changeover in what we can do for patients with joint problems."

Surgical replacement of a joint may restore function to a joint suffering the ravages of time or disease. Most of the body's joints can now be replaced with prosthetic devices composed of plastic and metal alloys. Replacements of the hips and knees have the best record in restoring performance, with replacement of 100,000 hips and 80,000 knees annually in the United States. Ankle, elbow and shoulder replacements have moderate success rates.

Total joint arthroplasty (replacement) surgery may be deemed necessary to relieve or diminish pain, improve function, maintain motion, and correct deformities. Most patients considered for total



joint replacement suffer from chronic or congenital ailments such as rheumatoid arthritis, osteoarthritis, dysplasia, arthritis or avascular necrosis, a condition that is usually preceded by one of several events, such as hip dislocation, a fracture, or cortisone and/or steroid treatments.

Chronological age is not necessarily a factor in selecting surgery candidates who will benefit the most from joint replacement. "If a person's mind is good, if the rest of a body is healthy and he or she has been able to walk in the not-too-distant past, age

is not a complication," explained Dr. Gilden. However, people who are overweight (well over 200 pounds), extremely active or too young are not considered good candidates for the surgery.

Dr. Gilden's involvement in this area of orthopedic surgery came about as a result of several coincidental experiences. As a resident physician in Cincinnati in the mid-1950s, he trained under a physician who had studied at Harvard, where the first forms of joint repairs were pioneered. The Harvard physician, Dr. Smith-Peterson, performed a cup arthroplasty on entertainer Arthur Godfrey in the 1950s, where he resurfaced the joint by putting a metal implant between the ball and socket of the joint. "This was a major step in the evolution of joint replacement," recalled Dr. Gilden.

In St. Louis, the senior partner in Dr. Gilden's practice, Dr. Irwin Horwitz, performed one of the first implants in the early 1950s for hip fractures. The ball of the joint was replaced in a procedure known as hemi-arthroplasty, now routinely performed. These experiences, combined with some early successes of his own, convinced Dr. Gilden to continue to further his development in the field.

"Education is the key to staying abreast of this rapidly-changing field," he emphasized. In the last two years, he has attended eight workshops to learn more about techniques and the growing number of prosthetic devices on the market. "This is big business," he commented. "The instrument companies are in a tremendous battle to secure this market. The prostheses are very expensive, so those of us in the field need to be sure to shop, learn, and go to the workshops to find the optimal system for our patients."

The type of device now in use at Jewish Hospital is made of titanium, an extremely light metal that is also the most biologically inert metal available, minimizing the chances of rejection. A metal

Facing the Inevitable

January 15

cup is used to replace the socket and a complex interlocking mechanism with a plastic inlay is used for the stem. For some patients with inadequate pelvis bone, a bone graft may be necessary.

"The biggest question is to cement or not to cement the prosthesis to existing bone," he commented. "This is the dominating decision and is based on an evaluation of each patient's individual condition." In a cemented replacement, the bonding material is used to fasten the ball, stem, and cup to the remaining bone. Approximately 30 percent of current replacements are cementless.

Refinements are continually underway in this field. Within a 10- to 15-year period prosthetic devices have evolved from metal pieces held in place with cement or pins, to the titanium devices with sophisticated interlocking abilities between the bone and implants. At the end of the first five years of widespread hip replacements, the procedure was hailed as "the best organ transplant in medicine today." Dr. Gilden emphasized that the assessment was made before long-term studies showed some problems.

Wear was presumed to be the primary problem after 10 years of use, but instead, loosening of the bonding between prosthesis, cement, and bone was the major complication, affecting nearly 30 percent of patients. The other complications include a one percent dislocation rate, infection, the development of ectopic (excess)

bone and phlebitis. These complications, too, have been the subjects of refinement. A team at Harvard devised a method of improving the strength of the cement to prevent loosening. The prosthesis is manufactured with a coating of cement so the fresh cement will take a firm hold. Also, the cement is placed in a centrifuge and spun rapidly to remove any bubbles and is then pressurized. All of these procedures give the cement a firmer hold to the existing bone.

The problem of infection has been scrupulously addressed at Jewish Hospital, and as a result the infection rate here is one-half of one percent as opposed to a national rate of one to one-and-one-half percent. "We take extraordinarily high precautions here," explained Dr. Gilden. "The orthopedic surgery room is equipped with a \$125,000 air filtration system, which has helped immensely in keeping that figure low."

"We are making headway in solving problems—we don't have the cures for everything and only a small percentage of you might come to benefit by this work, but progress is being made." □

Chronic illnesses: heart disease, diabetes, emphysema, osteoporosis. Until they touch our lives, most of us hardly ever worry about them. But the crushing reality is that all of us will, sooner or later, have to deal with some kind of chronic illness, either in our own lives or in those of the people we love.

On January 15, in the hospital's Brown Room, members of the Associates in Medicine (AIM) heard what the experts have to say about chronic illness. The panel, moderated by William A. Peck, M.D., physician-in-chief, included Barry Hong, Ph.D., assistant director of psychiatry; Jim Sebben, MSW, director of home care; and Stephen S. Lefrak, M.D., director of the medical inten-

sive care unit.

In the majority of cases, chronic illness is linked to aging. "We're not here to talk about the aging process," said Dr. Peck. "But there's no question that the stage is set for chronic illness with longevity of life." Dr. Peck depicted the aging process and how it relates to illness through what he described as the "curve of life." In this process, the "life functions" of the body develop during a person's formative and growth years, continuing until mid-adulthood. At that time, they level off, and then begin to decline. "It is during this declining period," said Dr. Peck, "that most of the chronic illnesses come to the fore."

Dr. Peck detailed the various chronic illnesses that occur during this curve of life. Those during childhood are usually either birth defects, infectious diseases, or metabolic diseases such as juvenile diabetes, many of which can be treated effectively. During adolescence and young adulthood, the rate of chronic disease is low, but beginning between the ages

The panel of experts, left to right, William Peck, M.D., physician-in-chief; Stephen Lefrak, M.D., director of the intensive care unit; Barry Hong, Ph.D., assistant director of psychiatry and Jim Sebben, ACSW, director of home care.



of 55 and 60, the risk increases sharply. "As this curve of life is pushed along, the incidence of chronic illness increases," Dr. Peck said. "It is then that a whole host of diseases begins to appear and adults are at risk for diabetes, osteoporosis, cancer, kidney, heart, pulmonary and Alzheimer's disease."

Psychological Ramifications

"Most of us have visions or expectations about ourselves, about members of our families. I think all of us envision ourselves as being successful individuals: we'll have gratifying careers and we'll have loving and supportive families," said Dr. Hong. "The one thing that we don't have in those personal visions is being ill."

How patients and families cope psychologically with diagnoses of chronic illness was the focus of Dr. Hong's presentation. According to Dr. Hong, one of the first threats is the individual's function within the family and how any change in status will affect the family's income and security. "In many ways chronic illness represents a personal loss to individuals and to family members," he said. "This may be the first time in their lives when their secure feelings are really threatened. They may feel fragile and vulnerable."

With these changes, expectations and goals may be altered and patients' independence may seem threatened. "Most of us like to think

of ourselves as being very independent," said Dr. Hong.

"Patients with chronic illnesses have to accept the fact that at times they may have to depend on other people."

Patients may have one or several psychological reactions to a chronic illness, depending on the nature and severity of the disease. At the onset of the disease, they may experience feelings of denial, regression (childlike behavior) or even anger. "People with chronic illnesses look around, think of all the worst people in the world and wonder why someone else couldn't have the illness instead of themselves," Dr. Hong noted. "Often that anger leads to guilt feelings, especially if patients find themselves wishing their illnesses on other family members."

In some cases, patients begin to feel anxiety about their conditions. "Often anxiety occurs with chronic illnesses that come in episodes," said Dr. Hong. "Once a patient recovers from one episode, there is a great deal of anxiety. When will another episode occur and will it be as severe as the previous one?"

According to Dr. Hong, all of these reactions are normal and do not necessarily require psychiatric treatment. "Fortunately, only a small percentage of people with chronic illnesses have severe depressions," he said. "From my own studies of medical patients, I am very much impressed by the human spirit. In spite of very severe adversities, people are able to pick up their lives."



The Woman In The Middle

The ramifications of chronic illness are being felt in society in many cases by the people who care for these patients, usually women. According to Mr. Sebben, there are approximately 1.5 females for every male in the general over-65 population. In the over-75 age group, however, there are 2.4 women per male. During illness, the usual caregiver for the man is his spouse, however, for women, it is typically someone other than the spouse. Consequently, the average care-giver of aged women is a middle-aged woman, usually 49-years-old. She is married, works full time and

AIM members and guests had the opportunity to talk with the speakers at a reception following the program.

often has minor children living at home. "This woman is suffering from role overload," said Sebben. "She has to administer to her family needs as well as job needs and the older family member. This often leads to frustration and guilt because she realizes she cannot do all that is expected of her."

Part of the problem is that this "woman in the middle," as Sebben described her, is not receiving enough help. To remedy the situation, Sebben advocated a policy of assistance to families caring for chronically-ill family members. He noted that most chronically-ill patients do not require skilled care.

But families and patients could benefit from care that would address personal needs—someone doing housekeeping, cooking, bathing, dressing or just watching the patient so that the family can go out into the community could help a great deal. “A phenomenon we frequently encounter is that many programs that would normally pay for care (medicare or private insurance programs) are not designed to cover chronic illness,” he said. “They are reluctant to pay a homemaker, who essentially could be much cheaper, could keep the person home for longer periods of time and help avoid costly

hospitalization. We find ourselves trying to educate society in terms of how to treat chronic illness, how we can change the mentality of decision makers so that those services that will help families will be expanded and supported.”

The Physician's Role

Dr. Lefrak shared his insights on chronic illness both as a clinician (he directs the intensive care unit) and as a medical educator. “Patients diagnosed with chronic disease feel they got dealt a bad hand,” said Dr. Lefrak. “However, they eventually learn, sometimes even better than their families do, to deal with it. One of the roles of the physician is to help the family come to terms with

chronic disease.”

Physicians treat chronic diseases according to what Dr. Lefrak called a “sliding scale,” or the severity of the disease. Because chronic diseases vary in severity and symptoms, what the physician does will depend on the extent of the illness. “If the patient is completely incapacitated, we may not want to institute life support systems in the ICU,” said Dr. Lefrak. “Instead we may want to treat pain and make sure the patient is as comfortable as possible.”

How a patient with a progressive chronic disease is going to be treated is an issue that Dr. Lefrak says should be discussed early in the illness among the patient, family and physician. “When a patient is admitted to the ICU, the physician wants that person to survive as a sentient being, someone who thinks and feels,” said Dr. Lefrak. “This issue, the quality of life, causes the most problems

with everyone but that's the type of decision that patients and their families must make. If the patient can't make that decision, the family must. It's difficult, but it's an important part of caring for people with chronic illness.”

According to Dr. Lefrak, most physicians will take the “team approach” in treating the chronically-ill, especially patients who are debilitated or incapacitated. “A physician by himself in 1986, no matter how good he is, cannot be expected to take care of a chronically-ill patient alone,” said Dr. Lefrak. “What patients should expect from their physicians are competent medical evaluations and explanations of diseases and how to treat them. Physicians should be able to enter the patient into the system where other health care professionals can undertake other aspects of rehabilitation, such as nursing, physical therapy, social work, or whatever is necessary.”

Dr. Lefrak also stressed the importance of training young physicians to treat the growing numbers of patients with chronic illness. “This has to be emphasized,” he said. “Young physicians in particular like to cure things. However, there isn't much curing done these days. But there's certainly a lot of caring to be given. ■

For information about joining the Associates in Medicine, please call 454-8088. For the name of an orthopedic surgeon, call the Jewish Hospital Physician Referral Service, 454-8180.



LIFEGUARD LUNCHTIME

An important part of the Jewish Hospital wellness program known by the umbrella title LIFEGUARD, is the ongoing series of lunchtime lectures. Addressing topics related to health and staying healthy, the series is open to employees, visitors and patients who are able to leave their floors. Each issue of 216 will bring you highlights of recent lectures.

On November 21, Dick Roettger, coordinator, physical therapy, discussed one of the latest exercise crazes—walking. Mr. Roettger, a walking enthusiast for 15 years, was the featured speaker at the LIFEGUARD Lunchtime Lecture, "The Walking Workout." "The benefit of walking is that it can be done anywhere, on any surface without any specialized equipment," said Roettger. "And it has a low injury rate."

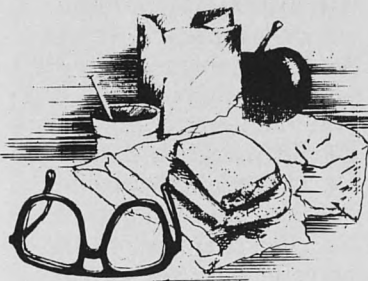
Basically, all a walker needs is a pair of properly-fitted low-heeled shoes, preferably with laces, and the right clothing and he or she is ready to walk. Properly-fitted shoes are a must.

"Eighty to ninety percent of foot problems result from shoes that don't fit," said Roettger. In cold weather, Roettger recommends wearing layers of clothing, alternating wool and cotton pieces topped with a wind-breaker jacket to protect against wind chill. Cold weather walkers should also wear mittens, two to three pairs of socks, and most importantly, a head cover (the body loses most of its heat through the head).

As in any exercise, walkers should warm up before beginning their activity. Roettger advises walkers to avoid stretching exercises as a warm up. "The best warm up is doing the same exercise that you're about to do, but at a slower velocity," he says.

The intensity and duration of the walking depends on the individual. Walkers can tell when they are over-exerting themselves if coordination or smooth, easy movement begins to deteriorate.

"Three or maybe four days a week is adequate for walking or any exercise program," says Roettger. "Statistics show that the injury rate from exercise increases with the fourth day and much more from the fifth day on." ■



For almost two decades infectious diseases related to sexual behavior have dominated the medical scene. In the 1970s the focus was on herpes and it seems that AIDS will become the disease of the 80s. At the December 11 LIFEGUARD Lunchtime Lecture, Harvey Liebhaver, M.D., internist, spoke on both of these health problems in his presentation, "Prevention and Treatment of Infectious Diseases of the 80s" to a standing-room-only audience of hospital employees.

Dr. Liebhaver dispelled several misconceptions about AIDS and herpes, both of which have caused considerable panic. Dr. Liebhaver emphasized that to contract AIDS an individual must have the virus transmitted into the blood stream. The primary vehicle for that transmission has been through semen.

Contrary to some reports, health care workers are not in a high-risk group. "I think you can feel reassured that of the AIDS cases diagnosed in

health care workers, all were contaminated with blood infected with virus, usually through a finger stick with a needle." According to Dr. Liebhaver, in a study of 1,758 blood specimens from health care personnel, 26 tested positive for the AIDS antibody. Of those 26, all but three were in one of the high-risk categories for contracting AIDS. They were either homosexual, bisexual or IV drug users. The other three health care workers were found to be people who had been working with contaminated blood products.

Dr. Liebhaver encouraged employees to treat an AIDS patient as they would any other patient with a communicable disease. "Always protect yourself," he advised. "Be careful how you handle equipment, how you are drawing blood, and use disposable needles. Health care professionals work in an environment where they can be susceptible to infections. That is something we accept as part of our professions. But we can use every means and every precaution possible to protect ourselves."

In their personal lives, Dr. Liebhaver advised employees to practice "defensive sex." "People need to know their sexual partners better now than in the past," he says. "Because we know that the transmission of the virus requires the exchange of semen, condoms are the most effective defense."

Should people have themselves tested for AIDS? "In my opinion, no," said Dr. Liebhaver. "The primary purpose for the blood test is to screen blood donors.

LECTURES

Even if the AIDS antibody does show up in the blood, the chances may be slim that the individual will ever have AIDS. Knowing that there is the presence of antibody may not be helpful. It might work against the individual."

Next to AIDS, the herpes virus has probably caused the most recent alarm. AIDS is a serious, deadly disease, and public concern is understandable, but according to Dr. Liebhaver, the outcry about herpes has been greatly exaggerated. Dr. Liebhaver blames the media for misinforming the public about herpes. "Some of the media has been irresponsible by not giving enough information about the herpes virus," he says. "Part of the problem is that they talk about herpes as if it is new. Actually, the virus has been around for decades."

According to Dr. Liebhaver, the virus particles are located in nerve ganglion cells. The virus is activated when virus particles grow toward nerve fibers. They only become infectious after they reach the surface of the fibers. The first herpes infection usually occurs during childhood, but may not recur for another 30 years. "A wife may have had herpes as a kid, and when the infection occurs later after she is married, she becomes suspect and feels terrible because it's supposed to be a disease of promiscuity," says Dr. Liebhaver. "It's not. Virtually everyone if tested has been exposed to herpes. Too many relationships have been torn asunder and self esteem destroyed because of the misconceptions about herpes." ■

Adolescence, the confusing period between puberty and adulthood, is frustrating to parents and children, alike. "One of life's greatest accomplishments," according to Moiszy Shopper, M.D., Jewish Hospital attending psychiatrist, "is to survive our children's adolescence." At his presentation to a large audience on January 8, in the continuing series of LIFE-GUARD Lunchtime Lectures, Dr. Shopper addressed "Adolescent Sexuality."

The complex process of adolescence, riddled with errors in judgment and the assumption of responsibility and its inherent probability of "messing-up," combines with the emergency of sexuality to cause problems. Conflicting parental and peer expectations, the knowledge of sex but the prohibition against practicing it and the abundance of sexually-oriented messages through the media contribute to these problems as well.

Coping with even one of these problems is not an easy task for parents. According to Dr. Shopper, consistency is the basis for dealing with them. The adolescent has the power of reason, the exercising of that power can confuse a parent with ease. Often, there is an emotional outburst in response to a question or a judgment called by the parent. "Evoking this emotional response in a parent is not just a parental challenge, it is a means of communicating to the parent important feelings that an adolescent cannot directly express," he said.

As important as consistency in dealing with an ado-

lescent are honesty and open communication. When, for example, a mother prepares her daughter for the onset of menses, the tone of voice in which the information is given conveys the mother's feelings about her own role as a wife, mother and woman. Often, the information provided to the daughter is incomplete. The prevailing attitude, according to Dr. Shopper, is that girls don't need to know

about sex or sexual (i.e. erotic) anatomical structures. He stressed the need for some anatomical information to be included in the preparation, and suggested an appointment with a gynecologist (other than the mother's), to provide the daughter with an opportunity to get to know about gynecological services before the need for them arises. This serves to build a confidential relationship with the gynecologist. A pelvic exam would not be part of this initial appointment.

Boys, he noted, are less prepared for dealing with puberty than girls. This, according to Dr. Shopper, is a major deficiency in parenting. No norms or standards of behavior are provided to most boys. While enlightened parents may provide their daughters with some information about birth control, the vast majority of sons receive none. The message picked up "in the streets," where most sex education among males takes place, is that masculinity is measured by the amount of sexual

activity achieved. Great pressure "to score" is placed on adolescent males by their peers. For a boy less mature than his peers, or with different values from his peers, this can cause stress and uncertainty with regard to his "maleness" as determined by the group.

As he addressed what can be done in preparing adolescents for adulthood, Dr. Shopper encouraged parents to maintain discretion in their sex lives, since adolescents are excited by parental sexual activity and have not as yet developed the mechanisms to cope with that excitement. This discretion is very important in single-parent households, in which the importance of adolescent celibacy may have been stressed, while at the same time the parent's current sexual partner spends the night. He also recommended that parents support quality sex education programs, particularly in the home. This includes not only the "how to" but also the "when to" aspects of sexual activity and not just the "anatomy and physiology" of reproduction, but birth control information, as well. The practice and support of these two ideals can help head off some of the confusion and frustration among adolescents and their parents. ■



LIFEGUARD



JEWISH HOSPITAL NEWS BRIEFS

David Ban, M.D., was appointed to the Advisory Board of the Alzheimer's Disease and Related Disorders Association, effective January, 1986.

David Caplin, M.D., spoke on "Myocutaneous Flaps" at Grand Rounds, Jewish Hospital, December 5. He attended the American Society of Plastic and Reconstructive Surgeons Annual Meeting in Kansas City, Missouri, in October.

William J. Catalona, M.D., attended the Prostate Cancer Workshop at Prouts Neck, Maine, October 18-20. His presentation was "Assessment of Current Concepts and Approaches to the Study of Prostate Cancer." At the AUA, South Central Section Meeting in Guadalajara, Mexico, November 10-15, he served as moderator on a panel discussing "Prostatic Carcinoma." In addition, he addressed "Nerve-Sparing Radical Retropubic Prostatectomy" and participated at the "Meet the Professors Luncheon" during that meeting. His recent co-authored publications in *The Journal of Urology* include, "Nerve-Sparing Radical Prostatectomy: Extraprostatic Tumor Extension and Preservation of Erectile Function" and "Renal Oncocytoma With Synchronous Contralateral Renal Cell Carcinoma."

Robert M. Deitchman, M.D., is the recipient of the CME Award from the American Medical Association, valid November, 1988.

Keith Fischer, M.D., delivered an address, "Radionuclide Techniques in Assessing Heart Disease," to attendees at the Cardiology Symposium, September 19-20 at Washington University Medical School. He spoke on "Tomographic Imaging of the Heart," and "Parathyroid Imaging" at the Missouri Valley Chapter of the Society of Nuclear Medicine, September 27-29, at the Park Terrace Air-

port Hilton, St. Louis, Missouri.

Linda Fisher, M.D., addressed the St. Louis Metropolitan Medical Society on "The Malpractice Crisis and the Missouri Board of Healing Arts," November 16. She was installed as Secretary of the St. Louis Medical Society for 1986, on January 10.

Alvin Frank, M.D., participated in a study group on "Reconstruction in Psychoanalysis," for the Psychoanalytic Research and Development Fund in New York, October 19 and December 7. He was on the panel dealing with "'Termination' in Psychoanalysis" for the meeting of the Center for Advanced Psychoanalytical Studies, Princeton, New Jersey, November 8-10. He was given membership in a standing study group in November. In December, he attended the Mid-winter Convention, and was appointed to the Committee on Psychoanalytical Education of the American Psychoanalytical Association.

Jack Hartstein, M.D., will be guest speaker at the Moscow Institute of Eye Microsurgery, Moscow, USSR, May 13-16. He will serve on the faculty of the Australia/Tahiti Oculoplastic and Facial Surgery Congress, June 26—July 11.

Keith Hruska, M.D., co-authored, published abstracts and presented papers, "Effects of Ca^{2+} -mobilizing Hormones on Brush Border Topography and Cytoskeleton in Cultured Renal Proximal Tubular Cells" and "The Stimulation of Phosphatidylcholine Transfer by $1,25(OH)_2D_3$ Involves Interaction with Brush Border Membrane Proteins." The papers were presented at, and published among the abstracts on the American Society of Nephrology 18th Annual Meeting, December 15-18, in New Orleans, Louisiana. At the November meeting of that Society, he guest lectured on

IN MEMORIAM—

Jewish Hospital shares the loss of Harry Agress, M.D., with his family and friends. Dr. Agress, 77, a retired internist and hemotologist died following a long illness.

After graduating from Washington University Medical School, he obtained a graduate degree from the University of Minnesota and joined the faculty at Washington University Medical School. During World War II, he served in the 21st General Hospital Corps in Britain, North Africa and Italy and attained the rank of colonel at his retirement from the army. Upon his discharge, he returned to the medical school faculty.

Dr. Agress was the first to open a cytology laboratory in the mid-west and was the first to use the Pap smear technology in the St. Louis area. He organized the first Jewish Hospital Hematology Laboratory in 1953. In addition to his professional activities, he served on the board of the American Red Cross and the old Little Symphony.

He is survived by his wife, June W. Agress, of Clayton; a daughter, Nancy Brodsky, of Lexington, Massachusetts; a son, Harry, Jr., of New York; three sisters, Anna Agris, of St. Louis and Shirley Hoffman and Lillian Cogan, both of Chicago; and four grandchildren.

"Polyphosphoinositide and Phospholipid Dependent Kinases as Cellular Messengers of Hormone Action."

Jack Kayes, M.D., was installed as vice president of the St. Louis Metropolitan Medical Society on January 10.

Marvin E. Levin, M.D., was visiting professor at Creigh-

NEW WAVE TREATMENT—Kidney stone patients at Jewish Hospital at Washington University Medical Center have access to the most advanced method of treatment through an arrangement with Midwest Stone Institute. The Institute, located in the Medical Center, operates an extracorporeal shock wave lithotripter, a device which breaks up kidney stones without surgery.

The lithotripter eliminates kidney stones in approximately 80 percent of patients undergoing treatment. The procedure takes about one hour, and patients are hospitalized for one to three days. Total recovery time is about one week, compared

to four to six weeks for conventional surgery.

It works by delivering shock waves to the stone while the patient is submerged in a tub of warm water. The shock waves are harmless to normal tissue, but pulverize the stone to sand-like consistency.

Jewish Hospital is part of a consortium of hospitals and urologists in the bi-state area which comprise a joint venture for operation of the Institute, a not-for-profit corporation. The Institute is directed by Ralph V. Clayman, M.D., one of the country's leading experts in this technology. The Institute operates the only lithotripter in the state, and has been in service since October, 1985.

ton University Medical School and gave Grand Rounds. At the Annual Scientific Meeting of the American Podiatric Society in Salt Lake City, Utah, he spoke on "Management of Diabetic Foot Problems." "Diabetic Neuropathy in the Diabetic Foot" was the topic he addressed to the Geriatric Foot Symposium at the University of Texas Health Science Center, San Antonio, Texas. Other presentations included "Problems of Pregnancy and Diabetes," at the Providence-St. Margaret Health Center, Kansas City, Missouri; "Diabetes and Aging," at the Annual Meeting for Liberty Hospital of Kansas City, at the Lake of the Ozarks; "Peripheral Vascular Disease in the Diabetic," at Poplar Bluff, Missouri; and "Update of Diabetes, 1985," at Independence Hospital, Independence, Missouri. He also attended the International Diabetes Foundation meeting in Madrid, Spain.

Paul Lowenstein, M.D., attended the American College

of Angiology's conference on Vascular Disease, November 10-14, at Hilton Head, South Carolina. He was elected vice president of that organization for 1986.

Jerry Meyers, M.D., took part in the AMA-HMSS Meeting on AMA policy, December 5-8, in Washington, D.C.

Thomas A. Mustoe, M.D., presented "Free Flaps to the Head and Neck," at the Northeastern Plastic Surgery Meeting, September, 1985, in Boston, Massachusetts. He attended the American Society of Plastic and Reconstructive Surgeons Annual Meeting, in Kansas City, Missouri, in October.

At I Congreso Ibero Americano de Oncologia, November 3-6, in Madrid, Spain, **Carlos A. Perez, M.D.**, spoke on "Irradiation and Hyperthermia in the Treatment of Recurrent and Metastatic Malignant Tumors: An Overview" and "Definitive Irradiation of Localized Carcinoma of the Prostate." In Lima, Peru,

PEREIRA

PROMOTED—MaryBeth Pereira, M.D., has been appointed director of rehabilitation medicine, succeeding Franz U. Steinberg, M.D.

Dr. Pereira received a B.A. degree from Swarthmore College in Swarthmore, Pennsylvania, in 1973 and graduated from the University of California at San Diego Medical School in 1978. She completed her internship and residency at Jewish Hospital and was appointed chief medical resident in 1982.

From 1982-1984, Dr. Pereira was a fellow in rheumatology at Washington University School of Medicine. During her work with rheumatology patients, Dr. Pereira became interested in rehabilitation medicine. "When I started working here my interests began to broaden," she says. "In taking care of patients with arthritis, I found that they did better



MaryBeth Pereira, M.D., director of rehabilitation.

when rehabilitation was part of their treatment plan. Patients appreciate an approach which maximizes their independence."

Dr. Pereira is an assistant clinical professor of medicine at Washington University. She is board certified in internal medicine and rheumatology.

between November 24 and 28, he addressed the IX Congreso Peruano de Cancerologia on the topics of "The Role of Radiotherapy in the Management of Carcinoma of the Ovary," "Irradiation Alone or Combined with Surgery in the Management of Carcinoma of the Uterine Cervix," "Controversy in the Management of Carcinoma of the Breast: Conservation Surgery Plus Radiotherapy" and "The Present Management of Ewing's Sarcoma." He published "Non-small Cell Carcinoma of the Lung: Dose-time Parameters" in *Cancer Treatment Symposia*, volume 2. He co-authored, and presented at the American Society for Therapeutic Radiology meeting in Los Angeles, California in November, "Radiation Therapy Alone or Combined

with Surgery in the Treatment of Barrel-shaped Carcinoma of the Uterine Cervix (Stages IB, IIA and IIB)." The paper, as well as another co-authored article, "Stage II Carcinoma of the Endometrium: Results of Therapy and Prognostic Factors," was published in the *International Journal of Radiation Oncology Biology Physics*, November, 1985.

Arthur Prenskey, M.D., addressed "Epilepsy: 13 Topics of Interest" at Overlake Medical Center, Seattle, Washington, November 1.

Timothy L. Ratliff, Ph.D., was awarded a World Health Organization Travel-Study Fellowship and Burroughs-Wellcome Company grant to study immune responses induced by Mycobacteria, at Middlesex Hospital Medical School, London, England.

Kenneth L. Russ, Ph.D.,

chaired a symposium, "Credentialing for Psychologists; History, Needs and Future Prospects," at the August meeting of the American Psychological Association in Los Angeles, California. "Individual Psychotherapy and Grief" was his Aloe Institute-sponsored workshop topic on October 15, at Shaw's Garden, St. Louis, Missouri. October 17, he addressed "Loss and Grief" at St. Joseph's of Kirkwood Hospice, Kirkwood, Missouri and November 21 he performed an inservice training session, "Biofeedback Treatment of Patients with Chronic Pain," at DePaul Health Center's Department of Physical Medicine and Rehabilitation in St. Louis, Missouri.

On September 7, **Moisy Shopper, M.D.,** presented two papers, "Legal Presumptions, Legal Process and the Psychological Child" and "Preparing the Child for Divorce, Custody Variations and Remarriage" at the 21st Annual Symposium of the South Florida Psychiatric Society, Miami, Florida. He presented "Prerequisite for Contraceptive Use in Adolescent Females" to Grand Rounds on December 6, for the University of Miami School of Medicine, department of psychiatry. A paper, "Sexual Differences in Toilet Training—The Role of the Father," was presented December 18 to the American Psychoanalytic Association, New York, at the workshop on Issues in Paternity. He served on a panel at "Playing to Win: Sports in America," November 9, Webster University, St. Louis, Missouri and presented "Psychological Impact of Sports on Young Athletes" at the workshop.

Franz U. Steinberg, M.D., authored "Adverse Drug Reactions and Polypharmacy in the Elderly" for presentation at the Annual Meeting of the American Academy of Physical Medicine and

RECOGNIZING

EXCELLENCE—Thomas F. Deuel, M.D., director of the division of hematology/oncology, was honored by the American Society of Hematology with its prestigious Dameshek Award at the society's annual meeting on Sunday, December 7, 1985, in New Orleans.

Dr. Deuel was recognized for his research on the platelet-derived growth factor (PDGF), a protein derived from blood, which promotes normal cell growth. In collaboration with an international research team, Dr.

Deuel and his colleagues discovered that PDGF has an essentially identical structure to a key protein made by a cancer-triggering virus called simia sarcoma virus.

That key protein, called a transforming protein, is the product of a special gene (an oncogene), which is required for the virus to induce abnormal, cancerous growths. The unregulated presence of transforming proteins in virus-infected cells initiates and maintains the growth of these tumors.

The implication of this work is that the difference

between PDGF and this protein may be an important key to understanding why some cells are influenced to grow normally and why others multiply in an unregulated fashion and produce tumors.

Dr. Deuel, whose research is funded primarily by the National Institutes of Health, is director of the Marilyn Fixman Cancer Center and professor of medicine and biological chemistry at the Washington University School of Medicine. He is also chairman of the Scientific Advisory Committee of the American Society of Hematology.



REHAB REWARDED—

On December 18, 1985, the Miriam United Order of True Sisters donated an IBM printer to Jewish Hospital's Rehabilitation Medicine Department. During its 50-year association with the hospital, the Miriam Lodge has made several donations to the department of rehabilitation, including \$50,000 to equip the department's spinal cord injury unit. Pictured, left to right, are Margie Frank, liaison between the Lodge and the rehabilitation department, Franz U. Steinberg, M.D., former director of the rehabilitation department, and Lanie Goldenberg, Lodge president.

Rehabilitation, September 29, in Kansas City, Missouri. He was

NEW BRANCHES

FOR OASIS—OASIS, The Older Adult Service and Information System, headquartered in St. Louis, has opened three new centers, one each in Portland, Oregon; Denver, Colorado; and Akron, Ohio. The program, affiliated with Washington University Medical School and Jewish Hospital, receives funding from the Department of Health and Human Service's Administration on Aging and the May Company to provide activities for its 25,000 members nationally.

Marylen Mann, OASIS founder and national director, addressed 550 members at the opening at the Meier & Frank store in downtown Portland. Denver activities began at the May D & F store with a roster of 500 members, and another 350 participants launched the Akron center, at the M. O'Neil Company. At the Akron ceremony, Ms.

Mann was presented with the Key to the City by Mayor Tom Sawyer.

Mann's message at each opening reinforced the philosophy of OASIS. "We are offering a different approach to meet the needs of the elderly," she said. "We want to get people excited about life and learning."

Each center, including those established in St. Louis, Los Angeles, Baltimore and Cleveland, offers educational programs ranging from art to financial management, as well as the opportunity for socialization, and training for a variety of volunteer roles. Each also has a local advisory board and makes use of volunteers from its board and membership to plan and implement the program, and to take intellectually stimulating programs and classes into other settings such as retirement and nursing homes.

named chairman of a newly-created Division of Geriatric Rehabilitation in that organization.

Patrick R. M. Thomas,

M.D., wrote "Radiation Therapy Combined with Adriamycin or 5FU for the Treatment of Locally Unresectable Pancreatic Carci-



PERSONAL SECURITY—Lifeline, a personal emergency response system for the elderly and disabled, is now available through a cooperative program between Jewish Hospital and the Jewish Center for Aged.

To get help during a home accident or emergency Lifeline subscribers can simply press a button on a small pendant they wear. The pendant's button activates a transmitter in the home which sends a message via telephone lines to a base unit in the Jewish Hospital emergency department. The emergency department then activates an emergency response system by calling designated family members, friends, neighbors, and lastly, a local emergency service.

"The Lifeline program helps the elderly or disabled person remain more independent, and also gives family members peace of mind about the safety of their loved one living alone," says Susan Kenny, R.N., Lifeline coordinator for Jewish Hospital.

Ms. Kenny says eight of the 25 units initially purchased have been placed in homes. Lifeline units are available for an installation charge of \$25 and a monthly service charge of \$15 to cover administrative costs. Participants may keep their Lifeline units as long as there is a need for them.

For more information on the Lifeline program, call Kenny at 454-7888, or Donna Emht, JCA program director at 432-0020, extension 899.

noma: A Gastrointestinal Tumor Study Group Report," which appeared in issue number 56, 1985, of *Cancer*. He participated on a panel discussion of "Neuroblastoma" for the William Guy Forbeck Foundation Symposium, October 21-22, at Hilton Head, South Carolina. Dr. Thomas was named chairman of

the Radiotherapy Committee of the National Wilms' Tumor Study Group, of Philadelphia, Pennsylvania.

E. A. Wallach, M.D., attended the convention of the American Academy of Dermatology, December 7-12, in Las Vegas, Nevada. He was appointed Trustee of the Dermatology

Foundation for 1986.

Todd H. Wasserman, M.D., served as a co-chairman for the Fifth Annual Conference on Chemical Modifiers of Cancer Treatment held in Clearwater, Florida, October 20-24. He chaired the opening session, "The Role of Hypoxic Cell Radiosensitizer SR-2508." He co-authored and presented a manuscript summarizing the Phase I clinical trial of this hypoxic cell radiosensitizer at the session. Dr. Wasserman was elected chairman of the organizing committee for the next International Meeting, scheduled for March, 1988, in Paris, France.

Gary J. Weil, M.D., partic-

ipated in the World Health Organization Scientific Working Group on Filariasis on "The Pathology and Immunopathology of Lymphatic Filariases," held in Thanjavur, India.

Peter D. Weiss, M.D., was appointed co-director of the Lymphoma Consultation Service, Marilyn Fixman Cancer Center, Jewish Hospital, in September. On November 20, he addressed "Lymphomas" at the Marilyn Fixman Cancer Conference, and again, on December 3, at Grand Rounds, Jewish Hospital. He attended the Southeastern Cancer Study Group Meeting on Cancer Protocols in Atlanta, Georgia, January 8-11. ■



MEDIA BRIEFS

William A. Peck, M.D., was interviewed by CBS Evening News' Susan Spencer in early February for a report on the benefits of calcium.

Nicholas T. Kouchoukos, M.D., was interviewed in mid-March by ABC's "20/20" for an upcoming report on the medical benefits of angioplasty versus coronary bypass surgery.

Louis V. Avioli, M.D., was interviewed by *Good Housekeeping* magazine on calcium and osteoporosis for its April edition. Dr. Avioli also was interviewed by Voice of America for an international broadcast on the subject of osteoporosis.

Research by **Louis G. Lange, M.D.**, non cardiac metabolism was highlighted in a January 30 report in the *St. Louis Post-Dispatch*. His research also was the subject of an interview by the British Broadcasting Corporation.

Gary Ratkin, M.D., was a guest on KMOX-AM's "At Your Service" on January 14 for a discussion on the diagnosis and treatment of breast cancer.

David Goran, M.D., was interviewed by KSDK-TV on January 14 about common stomach problems and their treatments.

Richard Roettger, RPT, Charles Mannis, M.D., Marylen Mann, OASIS director, and Ronald Strickler, M.D., were interviewed in a series of ongoing health reports on KWMU-FM.

Alfred Knight, Jr., M.D., Donald Bassman, M.D., Jim Sebben, ACSW, Ronald Strickler, M.D., and **Nicholas T. Kouchoukos, M.D.**, were interviewed by KMOX-AM for a variety of health news stories.

Laurence Levine, M.D., appeared on KTVI-TV on January 7 in a report on the Voice Laboratory.



SHOPPING LIST

In an effort to provide high-quality medical service, Jewish Hospital at Washington University Medical Center continually purchases new equipment. Because of the ever-increasing costs of medical supplies, gifts to the hospital whether large or small, are greatly appreciated.

The Shopping List is a special feature presented to give the community an idea of the many different pieces of equipment every department requires to function efficiently. The list designates areas in which contributions are most necessary to help offset the high costs of the items (cited with their approximate prices), and allows prospective donors to choose a specific gift if they so desire.

The need exists. Your generosity could help save a life.

For more information on the Shopping List, contact the development office, 454-7250.

Kinetron II

Today, rehabilitation patients are reaching their potentials faster and more economically. These strides have been made partly as a result of the purchase of a Kinetron II (iso-kinetic exerciser), which was purchased by the hospital for the department of rehabilitation medicine in August, 1985.

According to Dick Roettger, coordinator, physical therapy, the Kinetron II is a high-intensity exerciser that can be used with a variety of rehabilitation patients. Patients exercise on the Kinetron II by pumping the leg pedals which can be adjusted to a variety of speeds to simulate a range of gaits, from walking to jogging and running. The regulated motion can help them strengthen the lower extremities or the rhythm of the Kinetron II can improve the gaits of the patient with a coordination problem or limp. It can also help patients build endurance through aerobic conditioning.

In particular, Roettger notes that stroke patients, as well as athletes who need to develop stronger hip muscles, benefit from the Kinetron II. It has also helped hemophiliacs who can work out on the machine without the risk of injury and consequent bleeding.

Therapeutically, the Kinetron II can accomplish in 15 minutes what used to



take 45 minutes. "This is not only a cost-saver for patients but for the staff because it reduces the amount of time that a therapist needs to spend with the patient," says Roettger. "But it cannot be used injudiciously," he cautions. "The equipment can be very strenuous on the cardiopulmonary system and needs to be used under the supervision of a therapist with the patient's physician's approval."

Since 1973, physical

therapists had been using a simpler version of the exerciser. But when the manufacturer stopped making parts for the original model, the hospital decided to purchase the advanced version.

The Kinetron II was purchased for \$5,100 and is used at the Jewish Hospital physical therapy department. Roettger hopes to purchase another Kinetron II for the outpatient physical therapy facility located on the Millstone Campus in West County. ■



CONTRIBUTIONS TO JEWISH HOSPITAL FUNDS

SUSTAINING GIFTS

Dr. and Mrs. Morris Abrams have made a contribution to the Special Care Fund.

Mr. and Mrs. Jacob Altman have made a contribution to the Milton E. Kravitz Memorial Heart Research Fund.

Mr. and Mrs. Arthur E. Ansehl have made a contribution to the Obstetrics Library in honor of Dr. Robert Burnstein.

Mr. and Mrs. J. Arthur Baer, II have made a contribution to the Lucille C. Baer Gastroenterology Fund.

Mr. and Mrs. Philip H. Barron have made a contribution to the Research Endowment Fund.

Mrs. Ruth Bettman has made a contribution to the Sidney I. Rothschild Medical Library Fund in memory of Irwin Bettman, Jr.

Mr. and Mrs. Stanley J. Birge have made a contribution to the Stanley J. Birge Research Endowment Fund.

Mr. and Mrs. Kenneth A. Birenbaum have made contributions to the Henry Levin Cancer Research Fund and the Charles H. Fendell Research Fund.

Mr. and Mrs. Harold G. Blatt have made a contribution to the Research Endowment Fund.

Mrs. Henry Blatt has made a contribution to the Research Endowment Fund.

Mr. and Mrs. Martin Bloom have made contributions to several programs at the hospital.

Mrs. Eleanor Brin has made a contribution to the Irving Brin Cancer Research Fund.

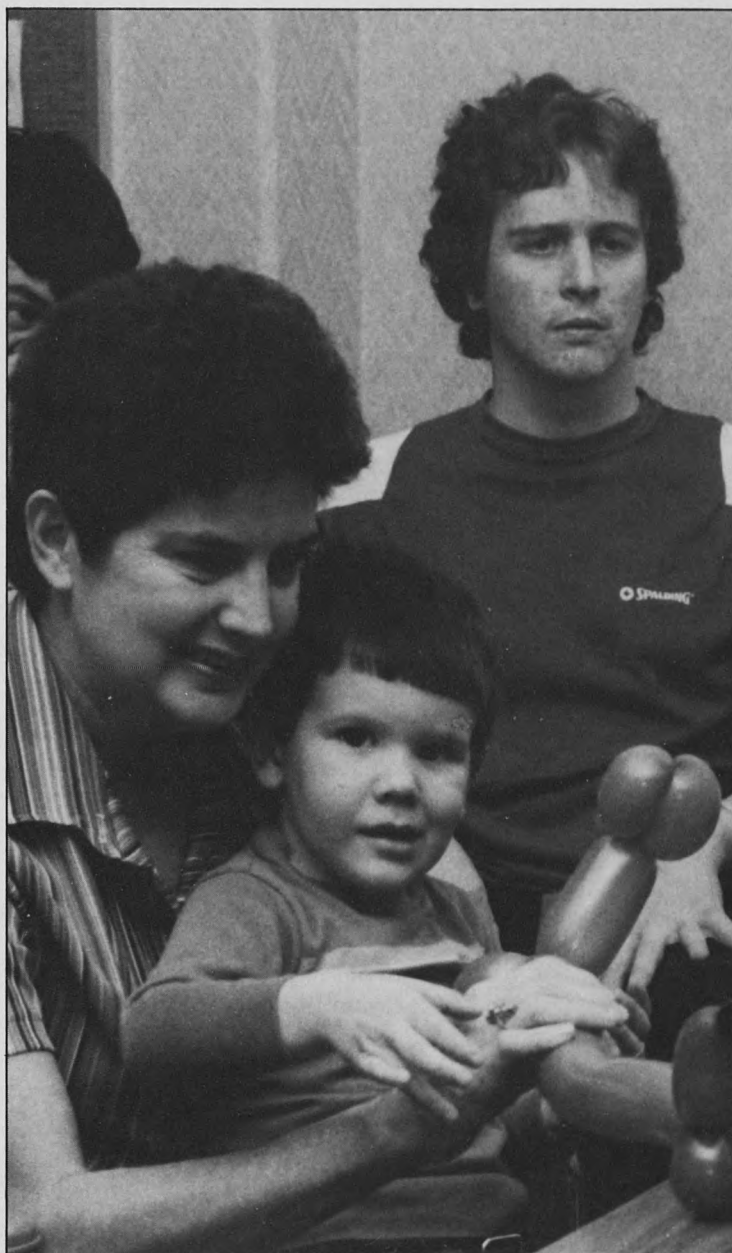
Mr. and Mrs. Harold J. Brod have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Harlin Brown have joined the Fellows of Jewish Hospital and made a contribution to the Rupert Turnbull Memorial Lectureship in Colo-Rectal Surgery Fund.

Mr. Melvin F. Brown has joined the Fellows of Jewish Hospital and made a contribution to the Jacqueline H. Brown Memorial Fund.

Mr. and Mrs. M. Erwin Bry, Jr. have made a contribution to the Building Fund.

Mr. and Mrs. Robert L. Buell have made a contribution to the Lois M. and Robert L. Buell Heart Fund.



SUSTAINING GIFTS

Mr. and Mrs. Paul R. Cahn have made a contribution to the Research Endowment Fund.

Mr. George Calhoun has joined the Fellows of Jewish Hospital and made a contribution to the Calhoun Shell Oil Fund.

Mrs. Virginia L. Carlstead has made a contribution to the Department of Surgery for Cancer Research.

Mr. and Mrs. Jerry Chod have made a contribution to the Obstetrics Research Fund.

Mrs. Mary Cohen has made a contribution to the Rubin and Mary Cohen Endowment Fund.

Dr. and Mrs. Frank Cohen have made a contribution to the Frank and Dorothy Cohen Research and Education Fund in Medicine.

Mrs. Isadore Cohen has made a contribution to the Isadore and Celia Cohen Endowment Fund.

Dr. and Mrs. Robert S. Cohen have joined the Fellows of Jewish Hospital and made a contribution to the Dr. David Rothman Fund.

Ms. Mary Joan Collett has joined the Fellows of Jewish Hospital and made a contribution to the Mary Collett Fund in memory of her mother.

Dr. and Mrs. James P. Crane have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Jack Deutsch have made a contribution to the Hermann and Erna Deutsch Cardiovascular Research Fund.

Mr. and Mrs. Michael Drazen have made a contribution to the Research Endowment Fund.

The Estate of George Edward Duncan has made a contribution to the Research Endowment Fund.

Mr. and Mrs. Wilbur Eckstein have joined the Fellows of Jewish Hospital and made a contribution to the Cancer Research Fund.

Mr. and Mrs. Jack Edlin have made a contribution to the Norma and Jack E. Edlin Nursing Education Fund.

Mr. and Mrs. Harold I. Elbert have made a contribution to the Equipment Fund.

Mr. and Mrs. Charles Eisenkramer, II, Dr. Adria F. Klein and Dr. and Mrs. Bruce Gutnik have established the Charles and Evelyn Eisenkramer Fund for Cancer Research.

Mrs. Morris H. Erlich has established the Morris H. Erlich Fund in memory of her husband.

Mr. and Mrs. Alfred J. Fleischer have made a contribution to the Building Fund.

Dr. and Mrs. Joseph Forand have joined the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Mr. and Mrs. Terry Franc have made a contribution to the Harry L. Franc, Jr. Fund for the Study of Depression and to the Research Endowment Fund.

Dr. and Mrs. Alvin Frank have joined the Fellows of Jewish Hospital and made a contribution to the Surgery Research Fund.

Mr. and Mrs. David M. Frank have joined the Fellows of Jewish Hospital and made a contribution to the Cardiology Fund.

Mr. and Mrs. Arnold Freed have joined the Fellows of Jewish Hospital and made a contribution to the Nursing Education Fund.

Mr. and Mrs. Bennett E. Frelich have made a contribution to the Research Endowment Fund and the Patient Care Fund.

Mr. and Mrs. Milton S. Frenkel have made a contribution to the Dorismae and Harvey A. Friedman Program on Aging.

Mrs. Eugene A. Freund has made a contribution to the Eugene A. Freund Renal Fund.

Mr. and Mrs. Robert D. Frey have joined the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Mr. and Mrs. Barry Friedman have made a contribution to the Anna and Abe Moskowitch Fund for Cancer Research.

Mr. and Mrs. Melvin Friedman have made a contribution to the Tribute Fund.

Dr. and Mrs. Robert Fry have joined the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Dr. and Mrs. Ira C. Gall have made a contribution to the Obstetrics Immunology Fund.

Mr. and Mrs. Donald P. Gallop have made a contribution to the Research Endowment Fund.

Dr. and Mrs. Bernard T. Garfinkel have made a contribution to the Patient Care Fund and the Research Endowment Fund.

Mr. and Mrs. Burton Garland have made a contribution to the Research Endowment Fund.

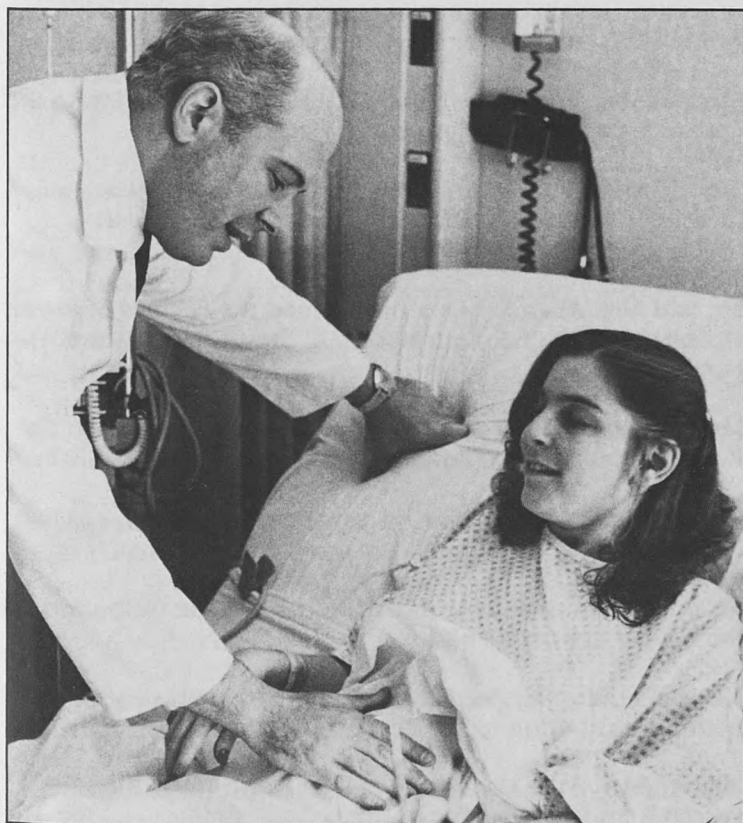
Mr. and Mrs. Bernard Gerchen have made a contribution to the Tribute Fund.

Mr. and Mrs. Solon Gershman have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Elmer Gidlow have made a contribution to the Cancer Research Fund.

Mr. and Mrs. Hyman Goldberg have made a contribution to the Building Fund.

Mr. and Mrs. Israel Goldberg have made a contribution to the Research Endowment Fund.



Mr. and Mrs. Alfred Goldman have made a contribution to the Cardiothoracic Surgery Fund.

Mr. and Mrs. Jack Goldstein have made a contribution to the Sanford Gad Hospice Fund.

Mrs. Sara G. Goldstein has made a contribution to the Jewish Hospital Patient Care Fund.

The Estate of John R. Goodall has made a contribution to the Research Endowment Fund.

Mr. and Mrs. Harold Goodman have joined the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Mrs. Arnold Goodman has made a contribution to the Arnold Goodman Fund for Radiation Oncology in memory of her husband.

Mrs. Dorothy Gould has made a contribution to the Dorothy and Courtney Gould Endowment Fund.

Dr. and Mrs. Morton Green have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Thomas R. Green have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Lawrence H. Greenberg have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Ronald Greenberg have joined the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Mr. Bernard B. Gross has made a contribution to the Research Endowment Fund.

Mr. and Mrs. Henry Grossberg have made a contribution to the Research Endowment Fund.

Mr. and Mrs. David A. Gutman have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Albert Halsband have made a contribution to the Peter Halsband Fund for Cancer Research.

Mr. Harry Hammerman has joined the Fellows of Jewish Hospital and made a contribution to the Kathleen Parriott Metabolism Research Fund.

Mr. and Mrs. Lester J. Handelman have made a contribution to the Tribute Fund.

CONTRIBUTIONS

SUSTAINING GIFTS

Mr. and Mrs. Robert L. Harris have joined the Fellows of Jewish Hospital and made a contribution to the Morris H. Erlich Fund.

Mr. and Mrs. Whitney R. Harris have made a contribution to the Eugene A. Freund Renal Fund.

Mrs. Ruth A. Heiman has made a contribution to the Research Endowment Fund.

Mr. and Mrs. Gerald Hirsch have made a contribution to the Jacqueline Hirsch Brown Memorial Fund.

Dr. and Mrs. John D. Hirsch have joined the Fellows of Jewish Hospital and made a contribution to the Jacqueline Hirsch Brown Memorial Fund.

Mr. and Mrs. Allan R. Hoffman have joined the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Mr. and Mrs. Stanley Hollander have made a contribution to the Directors Fund.

Mrs. Edward Hopper has made a contribution to the Jewish Hospital Special Care Fund.

Mrs. Henrietta Horwitz has made a contribution to the Neuman/Horwitz Heart Research Fund.

Mrs. Mildred Horwitz has joined the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Mrs. Morris Horwitz has made a contribution to the Morris Horwitz Research Fund.

Mr. and Mrs. John Isaacs, III have made a contribution to the Eleanor M. and John A. Isaacs, Jr. Research Fund in memory of Morris Sobel.

Mr. and Mrs. Louis Jablonow have joined the Fellows of Jewish Hospital and made a contribution to the Building Fund.

Mr. Mr. and Mrs. Franklin Jacobs have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Sydney Jacobs have joined the Fellows of Jewish Hospital and made a contribution to the Special Education Fund.

Mr. and Mrs. Burt Karney have made a contribution to the Joseph Abrams Memorial Fund for Heart Research.

Mrs. Ruth Kay has made a contribution to the Building Fund dedicating a portion of the new Ambulatory Care Building in memory of Mr. I. M. Kay.

Mr. and Mrs. Harry H. Kessler have joined the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Mr. Abe Kopolow has made a contribution to the Alene and Meyer Kopolow Fund.

Mr. and Mrs. Martin Kodner have made a contribution to the Rupert Turnbull Memorial Lectureship in Colon and Rectal Surgery Fund.

Mr. and Mrs. Jeffrey Korn have established the Letty Korn Breast Cancer Research Fund.

Mr. Harvey Kornblum has made a contribution to the Elaine Seldin Kornblum Home Care Endowment Fund.

Mr. and Mrs. Eugene Koshner have joined the Fellows of Jewish Hospital and made a contribution to the hospital's research programs.

Dr. and Mrs. Nicholas Kouchoukos have joined the Fellows of Jewish Hospital and made a contribution to the Cardiothoracic Surgery Fund.

Mr. and Mrs. Sam Langsdorf have made a contribution to the Research Endowment Fund.

Dr. and Mrs. Herman J. Lanson have joined the Fellows of Jewish Hospital and made a contribution to the Heart Research Fund.

Mr. and Mrs. Allen S. Lasky have joined the Fellows of Jewish Hospital and made a contribution to the Cancer Research Fund.

Mr. and Mrs. Manuel Lasky have made a contribution to the Research Endowment Fund.

Dr. and Mrs. Robert Lefton have made a contribution to the Building Fund.

Mr. and Mrs. Sherman LeMaster have made a contribution to the Cancer Research Fund.

Mr. Scott Lentin has joined the Fellows of Jewish Hospital with a contribution to the Research Endowment Fund.

Mr. and Mrs. Zalie Levin have made a contribution to the Research Endowment Fund.

Mr. and Mrs. William S. Levinson have made a contribution to the Alma and Joseph H. Levinson Nursing Scholarship Fund.

Mr. and Mrs. Marvin B. Levy have joined the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Mr. and Mrs. Bram J. Lewin have made a contribution to the Research Endowment Fund.

Mr. Tobias Lewin has made a contribution to the Hortense Lewin Scholarship Fund.

Mr. and Mrs. Lee M. Liberman have made a contribution to the Director's Fund.

Mr. and Mrs. Harold Lieberman have made a contribution to the Building Fund.

Mr. and Mrs. Alan L. Lieberman have made a contribution to the Building Fund.

Mr. and Mrs. Donn H. Lipton have joined the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Mr. and Mrs. William M. Livingston have joined the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Mr. and Mrs. Al Loeb have made a contribution to the Hematology/Oncology Research and Education Fund.

Mrs. Benjamin Loeb has made a contribution to the Benjamin Loeb Fund.

Mr. and Mrs. Jerome T. Loeb have made a contribution to the Director's Fund.

Mrs. Ann Loomstein has made a contribution to the Edna Malen Nursing Scholarship Fund.

Ms. Robyn Loomstein-Mintz has made a contribution to the Edna Malen Nursing Scholarship Fund.

Mr. and Mrs. Stanley Lopata have made a contribution to the Patient Care Fund.

Mrs. Joel Malen has made a contribution to the Edna Malen Nursing Scholarship Fund.

Mrs. Ada Marmor has made a contribution to the Research Endowment Fund.

Mrs. Margie W. May has made a contribution to the Research Endowment Fund.

The May Stores Foundation, Inc. has made a contribution to the Building Fund.

Mr. William J. McKenna has made a contribution to the Jean T. McKenna Radiation Oncology Fund.

The Medical Staff Association of the Jewish Hospital has made a contribution to the Medical Staff Nursing Scholarship Fund.

Mr. and Mrs. William M. Livingston have joined the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Mr. and Mrs. Vernon M. Mendel have joined the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Mr. and Mrs. Roswell Messing, Jr. have made a contribution to the Messing Chair in Pathology.

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Mr. and Mrs. Charles Peltason have made a contribution to the Research Endowment Fund.

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Mr. and Mrs. John Roos have made a contribution to the Selma K. Roos Fund.

Mrs. Hannah Rosenfeld has established the Hannah B. Rosenfeld Cancer Research Endowment Fund.

Mr. and Mrs. Donald Ross have made a contribution to the Edna Malen Nursing Scholarship Fund.

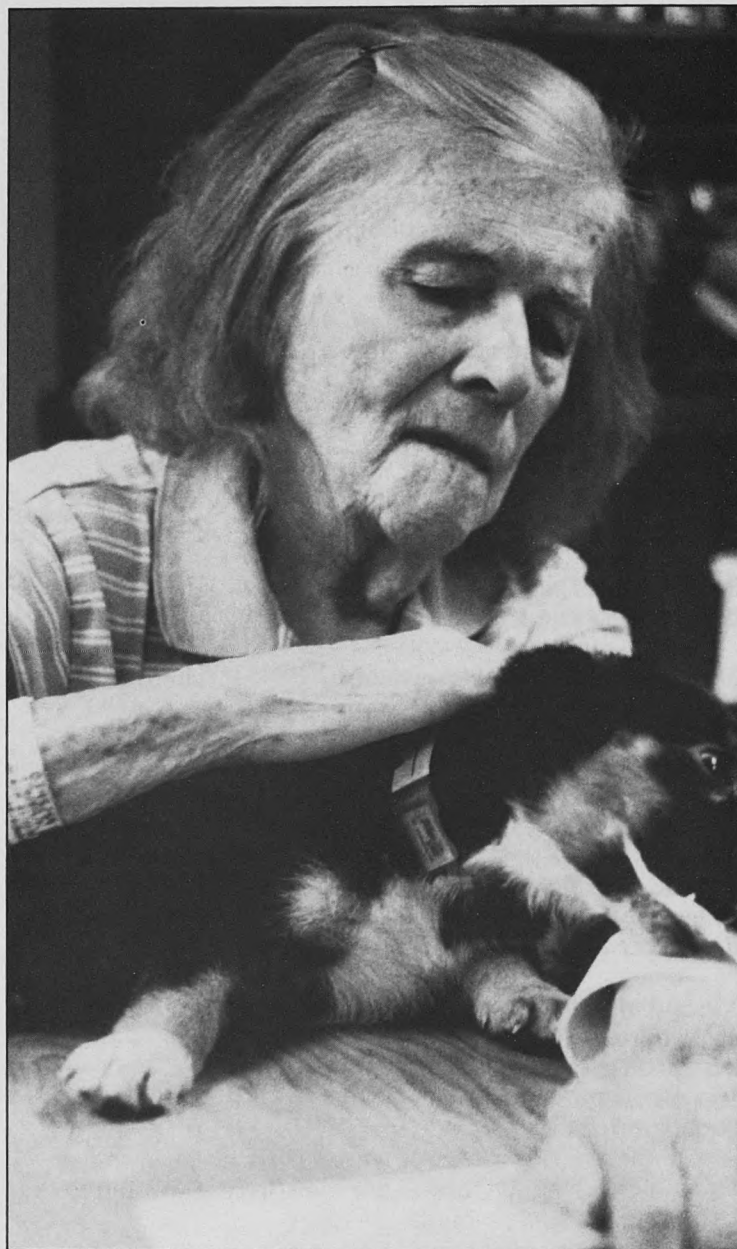
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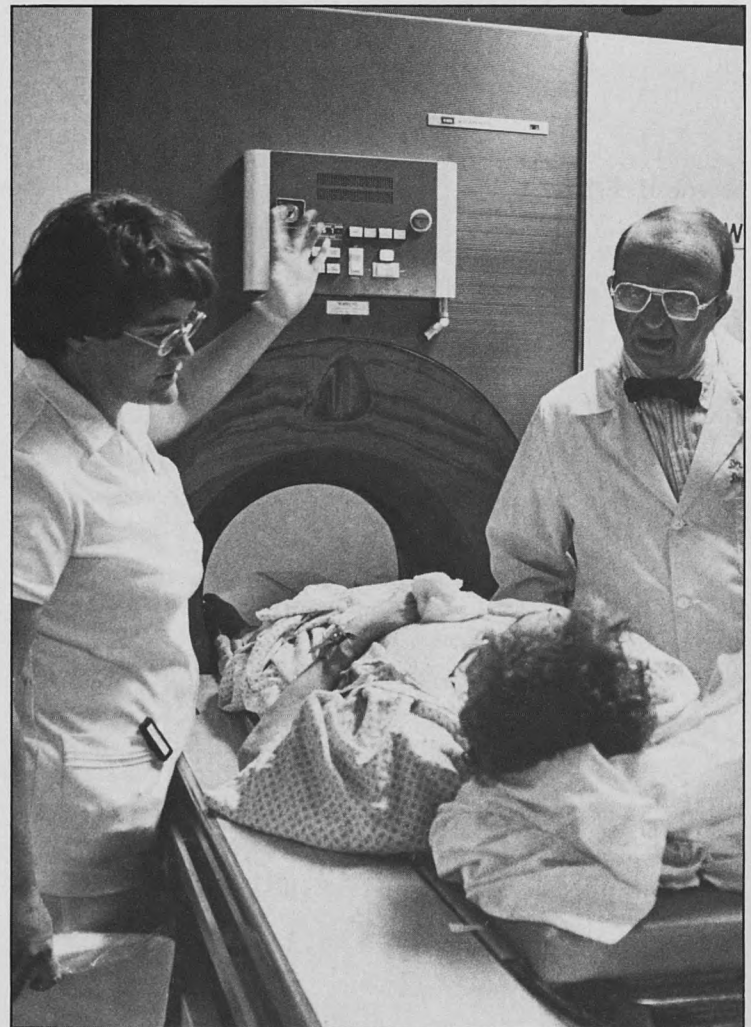
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Saul and Ruth Zeve (Ralph Hirsch Cancer Fund)
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CALENDAR OF EVENTS

APRIL 2, 9, 16, 23, 30

The Rehabilitation Support Group for patients going through rehabilitation for stroke, head and neck, and back injuries, and their families; 4 to 5 p.m. in the Rehabilitation Conference Room; call Jean Hamlin, 454-7759 for more information.

APRIL 5, 12, 19, 26

Smoking Cessation Classes to help smokers kick the habit through the use of nicotine gum and behavior modification techniques begin each Saturday, and meet on six more weeknights; call 454-8188.

APRIL 14

Super Sibling Program for children ages 2-1/2 to six and their parents during the third trimester of pregnancy to help the family adjust to the expected baby; 10 to 11:30 a.m.; by reservation only, call 454-7130.

APRIL 16

Jewish Hospital Auxiliary Spring Luncheon features cookbook author Peg Bracken ("I Hate To Cook Cookbook") and installation of officers for the coming year. Luncheon 11:30 a.m. Adams Mark Hotel. Members only. Reservations required by April 11. Call 454-7130.

APRIL 17

School of Nursing Open House tour of school and hospital for those interested in nursing career; 7 to 9 p.m. in the school residence; open to the public; participants must be at least 15 years of age; no charge; call 454-7055.

MAY 3, 10, 17, 24, 31

Smoking Cessation Classes to help smokers kick the habit through the use of nicotine gum and behavior modification techniques begin each Saturday, and meet on six more weeknights, call 454-8188.

MAY 4

Parkinson's Education Program (PEP) features Erwin B. Montgomery, Jr., M.D., assistant professor of neurology at Washington University School of Medicine, presenting "Annual Parkinson's Disease Update". 2—4 p.m. Jewish Hospital Steinberg Amphitheater; open to the public at no charge, call 454-7130.

MAY 7

Jewish Hospital Medical Staff Alumni features a presentation to the outstanding teacher of the year from medical house staff. 6 p.m. Sheraton/Westport Plaza. Open to medical staff and house staff, no charge; reservations required by May 4, call 454-7109.

MAY 7, 14, 21, 28

The Rehabilitation Support Group for patients going through rehabilitation for stroke, head and neck, and back injuries, and their families; 4 to 5 p.m. in the Rehabilitation Conference Room; call Jean Hamlin, 454-7759 for more information.

MAY 12

Super Sibling Program for children ages 2-1/2 to six and their parents during the third trimester of pregnancy to help the family adjust to the expected baby; 10 to 11:30 a.m.; by reservation only, call 454-7130.

MAY 17

School of Nursing Graduation will be held at 7 p.m. at Temple Israel.

MAY 20

Associates In Medicine Annual Dinner Meeting: cocktails, dinner, election of officers for the coming year. 6:30 p.m., Breckenridge Frontenac. Members only. Reservations required. Call 454-8088.

NUMBERS TO KNOW AT JEWISH HOSPITAL

454-

7000

Jewish
Hospital

7420

Patient
Information

7900

Emergency
Room

7045

Admitting

7240/1

Patient
Relations

7239

Community
Relations

7130

Auxiliary

8088

Associates

7250

Fellows

7134

Patient
Accounts

8180

Physician's
Referral

7166

Clover
Garden
(Flower Shop)

JEWISH HOSPITAL

AT WASHINGTON UNIVERSITY MEDICAL CENTER

216 South Kingshighway
P.O. Box 14109
St. Louis, MO 63178-4109
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The Jewish Hospital of St. Louis is a 600-bed acute care teaching hospital affiliated with Washington University School of Medicine. Located in the Central West End of St. Louis, it is dedicated to distinctive patient care and medically advanced research. The medical staff of 650 physicians and dentists comprise a group of full-time academic faculty and private physicians. These professionals are reinforced by a house staff of 150 residents and interns, along with nurses and technicians, service and support personnel to deliver 24-hour high-quality patient care. The Jewish Hospital of St. Louis is fully accredited by the Joint Commission on Accreditation of Hospitals.

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